IOWA DEPARTMENT OF

INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

May 12, 2009

Diane Hagarty, Executive Director
Village Ridge
365 Marion Blvd
Marion, IA 52302-3139

RE: Final Recertification Monitoring Evaluation Report, Village Ridge Assisted Living, Marion, IA

Dear Ms. Hagarty:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **April 4, 2009 through April 3, 2011**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Diane Hagarty, Executive Director
Village Ridge
365 Marion Blvd
Marion, IA 52302-3139

Date of Monitoring Visit:

March 24 & 25, 2009

Monitor(s):

Stephanie Cummins, MA

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Village Ridge on March 24 & 25, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	37
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	38

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	16
Total Census of ALP:	54

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting with nine tenants was held. The tenants do not report any concerns with housekeeping, laundry or maintenance; however, maintenance staff do not work on the weekends. Tenants state the building is too warm and the landscaping maintenance needs improvement. They report the grass is mowed but the rest of the landscaping is not well maintained. Tenants describe staff as good but have requested more staff on the weekends. They state their needs are met. One tenant waited 15 minutes when calling for assistance and another tenant reported having to push the pendent twice to get assistance. The remaining tenants report staff respond in a few minutes when they call for assistance. Tenants receive three meals a day and report the Dietary Manager listens to complaints and accommodates requests made by the tenants. The temperature of the food and the quality of the meat need improvement. They report the meat is tough, the vegetables are mushy and the portions are too large; however, the program has improved the roast beef. The tenants receive weekly and monthly activity calendars and enjoy Bingo (three times per week), exercises (with Physical Therapy), Dominos and shopping. Tenants have requested new Bingo Cards and another set of Dominos for the first floor activity room. One tenant requested the lights be left on in the dining room for those tenants that travel to the elevator after evening activities. Tenants feel safe, do not have any personal belongings missing and report they have fire drills. They make their own decisions and state they are getting the services they signed up for. The nurse is available when needed and they are satisfied living at the program. Tenants would recommend the program to others.

Program History – There are no substantiated Regulatory Insufficiencies in the current certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Five tenant files were reviewed.

Tenant #1, an 89 year old, was admitted on 4-8-06 and diagnoses include: Lewy Body Dementia, Hypertension (HTN), Gastroesophageal Reflux Disease (GERD), Dementia, Congestive Heart Failure (CHF), Parkinson's Disease and Hallucinations. The tenant was staged at a four on the Brief Cognitive Rating Scale (BCRS) and Global Deterioration Scale (GDS), which indicates moderate cognitive impairment. The tenant's service plan did not reflect planned and spontaneous activities.

Tenant #2, an 88 year old, was admitted on 2-16-05 and diagnoses include: HTN, Osteoporosis, CHF, Hypothyroid, Constipation, Heart Failure, Depression, Chronic Obstructive Pulmonary Disease (COPD), Dementia, Hyperlipidemia, Hypokalemia and Macrocytic Anemia. The tenant resides in the dementia unit. The tenant was staged at 5.4 on the BCRS and GDS, which indicates moderately severe cognitive impairment. The tenant's service plan did not reflect planned and spontaneous activities.

- Regulatory Insufficiency: The program did not consistently provide service plans that indicate planned and spontaneous activities based on the tenant's abilities and personal interests for those tenants unable to plan their own activities, including tenants with dementia. (25.28(4)d)

B. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Monitoring Observation: Five tenant files were reviewed.

Below is a table indicating medication and/or treatment errors. It represents medications and or treatments either not administered or not documented as administered.

Tenant #2	Aspirin, 81 mg Chew Tablet, one tablet by mouth once daily.	3-3-09 not documented as given or not given.
Tenant #2	Oxygen saturation at beginning of shift.	3-4-09 at 10:00 p.m., 3-11-09 at 10:00 p.m. and 3-22-09 at 10:00 p.m. this task was not documented as completed or not completed.
Tenant #3	Enulose, 10 GM/15 ML Solution, take 30 ML, by mouth once daily.	On the February MAR, from 2-1-09 to 2-18-09, this medication is initialed as having been given. The order was discontinued on 12-2-08 and was not initialed on the 1/09 MAR

		or the 12/08 MAR, with the exception of the dose on 12/01/08, prior to the medication being discontinued. Staff #1 indicated the medication was not available in the medication cart after 12-2-09 and it was not given from 2-1-09 to 2-18-09.
Tenant #3	Simvastatin, 80 mg tablet, take one tablet by mouth once daily.	3-22-09 not documented as given or not given.
Tenant #3	Potassium CL 10 MEQ Cap SA, take two capsules by mouth with lunch.	3-23-09 not documented as given or not given.
Tenant #3	Docusate Sodium, 100 MG capsule, take one capsule by mouth twice daily.	3-17-09, in the a.m., not documented as given or not given.
Tenant #3	Omeprazole, 20 MG capsule, take one capsule by mouth twice daily.	3-17-09, in the a.m., not documented as given or not given. 3-22-09, in the p.m., not documented as given or not given.
Tenant #4	Child Chew plus Iron Tablet Chew, take one tablet by mouth twice daily.	3-9-09 not documented as given or not given.
Tenant #4	SM Arthritis Relief 650, take one tablet by mouth every eight hours.	3-9-09, at 10:00 p.m., not documented as given or not given.
Tenant #4	Aricpet, 10 mg tablet, take one tablet by mouth at bedtime.	3-9-09 not documented as given or not given.
Tenant #4	Simvastatin, 10 mg tablet, take one tablet by mouth at bedtime.	3-9-09 not documented as given or not given.

- Regulatory Insufficiency: The program did not consistently provide the administration of medications by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655-subrule 6.2(5) and 655-subrule 6.3(1) and Iowa Code chapter 155A and in executing the medication regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. (25.29 (a), 655-6.2 (5) (e) (152)

Dated this 12th day of May, 2009.