IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

August 6, 2009

Jeane Arnette, RN Program Director
Valley View Manor
2421 Lutheran Drive
Muscatine, IA 52761-9382

RE: Final Recertification Monitoring Evaluation Report, Valley View Manor, Muscatine, IA

Dear Ms. Arnette:

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 **August 8, 2009 through August 7, 2011**. If you have any questions in regard to 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:

Jeane Arnette, RN Program Director
Valley View Manor Assisted Living
2421 Lutheran Drive
Muscatine, IA 52761-9382

Date of Monitoring Visit:

July 13, 2009

Monitor(s):

Stephanie Cummins, MA
Joyce Kix, RN

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 Valley View Manor Assisted Living on July 13, 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:	7
Current number of tenants with cognitive disorder:	1
Total Population:	8

Dementia Specific Program (DSP)* – Not applicable.

***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 five tenants and one family member was held. The tenants stated laundry and cleaning was completed once a week and they did not have any concerns with maintenance. They described staff as fantastic and respectful. The tenants stated staff responded in minutes to their requests for assistance. They stated there had been a lot of turnover with the nurse position and they felt the current nurse had too much to do. The nurse was available and a nurse from the attached nursing home was also available if needed. The tenants stated with the current Administrative staff, they felt they came first. The tenants would like more hot breakfasts and the continental breakfast needed improvement. They requested an increased variety of meats and stated hamburger was often used. The vegetables were overcooked and the mashed potatoes and scrambled eggs were from a box, according to the tenants. They requested more salads and Jell-O. Substitutions were available and things had improved since the meeting with the dietician, according to the tenants. The tenants requested more activities in the afternoons and weekends. They stated that more activities with mental stimulation were needed. The tenants stated they had fire drills on all shifts and one tenant requested program security. The tenants felt they were getting what they signed up for at admission and made their own decisions. Tenants were satisfied and would recommend the program to others.

Program History – There have been no substantiated Regulatory Insufficiencies this certification period.

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

A. 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: The table below represents either medications or treatments not administered or medications or treatments not signed as administered.

Tenant #1	Teargen Drops, instill one drop into both eyes, four times daily.	On 6-27-09 at 0800 & 1200 and on 6-28-09 at 1600 & 2000 medications were not administered or were not signed off as being administered.
Tenant #2	Acetaminophen, 500 mg tablet, take two tablets by mouth at bedtime.	On 6-8-09, 6-9-09, 6-13-09, 6-14-09 & 6-18-09 medications were not administered or were not signed off as being administered.
Tenant #2	Amoxicillin, 500 mg, one capsule twice daily for ten days.	On 6-8-09 at 2000, 6-9-09 at 0800 & 2000 & 6-10-09 at 0800 medications were not administered or were not signed off as being administered.
Tenant #2	Ultram, 50 mg, one tablet by mouth at bedtime.	On 6-9-09, 6-13-09, 6-14-09 & 6-18-09 medications were not administered or were not signed off as being administered.
Tenant #2	Lexapro, 10 mg, by mouth daily.	6-9-09, 6-13-09, 6-14-09 & 6-18-09 medications were not administered or were not signed off as being administered.
Tenant #2	Remind the tenant to place a Nitro Patch in the a.m. & to remove it at bedtime.	On 6-11-09 at 2000 & on 6-23-09 at 2000; medications patch was not removed or was not signed off as being removed.

- 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 6th day of August, 2009.