IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

August 6, 2009

Shelly Wicks, Administrator
West Liberty Assisted Living Residences
1000 N. Miller St.
West Liberty, IA 52776-1102

RE: Final Recertification Monitoring Evaluation Report, West Liberty Assisted Living Residences, West Liberty, IA

Dear Ms. Wicks:

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 **July 12, 2009 through July 11, 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:

Shelly Wicks, Administrator
West Liberty Assisted Living
1000 N. Miller St.
West Liberty, IA 52776-1102

Date of Monitoring Visit:

July 14, 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 West Liberty Assisted Living on July 14, 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:	8
Current number of tenants with cognitive disorder:	0
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 was held with six tenants. They stated it was a nice place to live and staff interaction was great. The food was served family style and was good. Tenants reported there are plenty of activities to choose from. They felt free to make their own decisions and the building was a safe place to be. They said that they would like to have staff working on the night shift. Tenants were generally satisfied with the program and would recommend it to friends.

Program History – There were no substantiated Regulatory Insufficiencies this past certification period.

On-Site Monitoring Evaluation – The monitors made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Four tenant file were reviewed.

Tenant #1, a 93 year old, was admitted on 4-26-06 and diagnoses include: Hypertension (HTN), Gastroesophageal Reflux Disease (GERD), Degenerative Joint Disease (DJD), Hiatal Hernia, History of Urinary Tract Infections (UTIs) and Pelvic Fracture. Nurse's notes dated 5-29-09 to 7-7-09 indicated the tenant had complaints of dizziness, had an unsteady gait, stated his/her "head felt funny", had weakness, was light headed and required help out of the restroom. On 7-1-09 a new order was received for a dietary supplement. Nurse's Notes dated 7-7-09 stated the tenant was receiving an antibiotic for a UTI. Nurse's notes dated 7-13-09 indicated the tenant was found on the floor and complained of hip-groin pain. The tenant was transferred to the hospital. Evaluations were last completed on 5-17-09. Evaluations were not completed, as needed.

Tenant #2, a 94 year old, was admitted on 2-2-06 and diagnoses include: HTN, Coronary Artery Disease (CAD), Atrial Fibrillation, Glaucoma, Hypothyroidism and Tremor. According to Nurse's Notes dated 4-13-09, the tenant was walking and his/her left leg gave out and the tenant fell and landed on the right ankle. On 4-14-09 the tenant had continued swelling and bruising to the left foot and pain with ambulation. The tenant was sent to the emergency room (ER) for x-ray's to rule out a fracture and returned with orders to use an Ace Wrap, and to ice and elevate the left ankle. On 4-15-09, notes indicated the tenant required assistance of one staff for transfers, at times. Staff #1 stated after the fall, the tenant required staff assistance when out of his/her room in a wheelchair, for five to seven days and applied ice twice daily. Evaluations were last completed on 2-6-09 and 5-6-09. Evaluations were not completed, as needed.

Tenant #3, a 102 year old, was admitted on 2-8-08 with diagnoses of: HTN, Shortness of Breath, Coronary Atherosclerosis, Angina and Hypothyroidism. A physician's order dated 1-8-09 documented an order for Physical Therapy (PT), three times a week, for 90 days. The Program Registered Nurse (RN) stated he/she initiated PT after the tenant fell. The RN could not find any paperwork regarding PT visits but stated the tenant was seen and treated. Evaluations were not completed, as needed.

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional, cognitive and health status, as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(2))

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

Monitoring Observation: Four tenant files were reviewed.

Tenant #1's Nurse's Notes dated 5-29-09 to 7-7-09 indicated the tenant had complaints of dizziness, unsteady gait, stated his/her "head felt funny", had weakness, was light headed

and required help out of the restroom. On 7-1-09 a new order was received for a dietary supplement. Nurse's Notes dated 7-7-09 indicated the tenant had an antibiotic for a UTI. Nurse's notes dated 7-13-09 indicated the tenant was found on the floor and complained of hip-groin pain. The tenant was transferred to the hospital. The service plan was last completed on 5-17-09. The service plan was not updated, as needed.

Tenant #2's Nurse's Notes dated 4-13-09 indicate the tenant was walking and his/her left leg gave out and the tenant fell and landed on the right ankle. On 4-14-09 the tenant had continued swelling and bruising to the left foot and pain with ambulation. The tenant was sent to ER for an x-ray to rule out a fracture and returned with orders to utilize an Ace Wrap and to ice and elevate the left ankle. On 4-15-09 notes indicated the tenant required the assistance of one for transfers, at times. Staff #1 stated, after the fall, the tenant required staff assistance when out of his/her room and in a wheelchair for five to seven days and staff was to apply ice twice daily. The service plans were last completed on 2-6-09 and 5-6-09. The service plan was not completed, as needed.

Tenant #3's service plan was updated on 11-17-08 but was not updated when the tenant experienced at least 2 falls and the program initiated physical therapy on 1-8-09. The service plan was not completed, as needed.

- Regulatory Insufficiency: When a tenant needs personal care or health–related care, the service plan shall be updated as needed, but not less than annually, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28)(3))

Dated this 6th day of August, 2009.