IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 30, 2010

Betty Oren, Administrator
The Meadows Assisted Living
528 N. Kelly Street
Shell Rock, IA 50670-1006

RE: Recertification Monitoring and Incident Investigation Report, The Meadows Assisted Living, Shell Rock, IA

Dear Ms. Oren:

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.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **June 30, 2010 through June 29, 2012**. If you have any questions regarding this certification, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Incident Investigation & Recertification Monitoring Evaluation Report

Assisted Living Program: **Incident Intake #: 28137-I**

Betty Oren, Administrator
The Meadows Assisted Living
528 N. Kelly Street
Shell Rock, IA 50670-1006

Date of Incident Investigation:

May 10, 2010

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. IAC r. 481-67.10(5). 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 an Incident Investigation 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 481 IAC - chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site visit was conducted at The Meadows Assisted Living on May 10, 2010. 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:	28
Current number of tenants with cognitive disorder:	0
Total Population:	28

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 15 tenants was held. The tenants did not have any concerns regarding housekeeping, laundry or maintenance. They described staff as wonderful and stated they were getting the services they required. There were enough staff to meet their needs and the staff knocked before they came into their apartments. The majority of the tenants stated the food needed improvement. They requested fresh vegetables, especially salads. They also requested more fresh fruit instead of canned fruit cocktail. The meat was tough and the pork chops were thin and tough. They requested an increased variety of vegetables and stated the vegetables were too soft. The tenants stated there was enough served and they enjoyed the choices of entrees. The tenants received an activity calendar and stated there were enough activities. They enjoyed Bingo, golf and puzzles. The tenants felt safe and stated a nurse was available as needed. They were satisfied and would recommend the program to others. They stated they enjoyed the company of other tenants and everyone was friendly.

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

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

A. Service Plan

- Monitoring Observation: Four tenant files were reviewed.

  Tenant #1, a 94 year old, was admitted on 3-4-08 and diagnoses include: History of Bowel Obstruction, Hiatal Hernia, Gastroesophageal Reflux Disease (GERD) and Diverticulitis. Evaluations were completed on 3-3-10 for an annual update and change in condition. The evaluations indicated the tenant had increased forgetfulness and needed cueing to find apartment at times. Care Notes indicated the tenant had increased forgetfulness and decreased mental acuity. The tenant scored a three on the Mental Status Questionnaire (MSQ), which indicated severe impairment. The tenant was staged at three on the Global Deterioration Scale (GDS), which indicated mild cognitive impairment. According to an Incident Report/Unusual Occurrence Report, on 3-31-10, the tenant was seen walking on the highway. The tenant stated a man had left a bucket of corn on the road. The tenant returned to the program without injury. The tenant's service plan was updated on 3-3-10; however, the service plan did not reflect the increased forgetfulness, decreased mental acuity and cueing. The tenant's service plan did not reflect the identified needs of the tenant.

  Tenant #2, an 85 year old, was admitted on 4-10-10 and a formal list of diagnoses was not available. According to Care Notes from 4-14-10 to 4-22-10 the tenant had several falls and sustained injuries including skin tears, bruises and a fractured rib. A managed risk agreement for falls was initiated and the tenant's service plan was updated; however, the service plan did not reflect the tenant's history of falls or the managed risk agreement for falls. The tenant's service plan did not reflect the identified needs of the tenant.

  Tenant #3, an 80 year old, was admitted on 8-2-06 and diagnoses include: Insulin Dependent Diabetes Mellitus (IDDM), Asthma, Hypertension (HTN), Diverticulosis, GERD, Obesity, Dementia, Osteoarthritis, History of Fatigue, Lumbago and Deep Vein Thrombosis (DVT) right leg. According to Care Notes, the tenant had a chronic history of fluctuating blood sugars. A managed risk agreement was initiated for increased or low blood sugars and the program not providing a specialized diet. The tenant's service plan did not reflect the chronic history of fluctuating blood sugars and the managed risk agreement related to the fluctuating blood sugars and diet. The tenant also had a managed risk agreement for falls and the agreement indicated the tenant had a history of falls. The history of falls and managed risk agreement for falls were not addressed on the service plan. The service plan did not reflect the identified needs of the tenant.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)a)

B. Staffing

- Monitoring Observation: Three direct care staff files were reviewed. According to the ALP Monitoring Entrance Form, the program employed certified and non-certified staff. Staff #1, #2 and #3 did not have nurse delegated training on activities of daily living (ADLs). Staff #2 did not have training on nebulizer treatments,

glucometer procedures and catheter care. Staff did not have appropriate nurse delegated training.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

C. Other

Incident Allegation: The program reported Tenant #1 walked outside, close to a highway. It was reported the tenant did not have any injuries. It was reported an alarm sounded; however, staff was in another tenant's apartment and did not hear the alarm.

- Monitoring Observation: According to an Incident Report/Unusual Occurrence Report, on 3-31-10 at approximately 6:30 p.m., Staff #4 indicated it was reported to her that a tenant was walking on the highway. She answered a code alert at the desk and reset the code alert and the third hallway door alarm. She checked Tenant'#1's apartment and the tenant was not there. She looked out the tenant's window and did not see the tenant. She started back up the hallway and the tenant appeared at the top of the hall. The tenant stated a man had left a bucket of corn on the road. The tenant stated that it was not a good idea and he/she was in for the night. She re-checked the tenant several times during the evening until the tenant went to bed. Staff #5 left a message for the Housing Manager, relayed the information to third shift and asked the staff on third shift to check on the tenant.

  Tenant #1's file was reviewed. Evaluations were completed on 3-3-10 for an annual update and change in condition. The evaluations indicated the tenant had increased forgetfulness and needed cueing to find apartment at times. Care Notes indicated the tenant had increased forgetfulness and decreased mental acuity. The tenant scored a three on the MSQ, which indicated severe impairment. The tenant was staged at three on the GDS, which indicated mild cognitive impairment. Evaluations were completely appropriately. The service plan was updated as needed; however, did not reflect the increased forgetfulness, decreased mental acuity and need for cueing to apartment at times. This was previously addressed in the service plan section. After the occurrence, the nurse reviewed evaluations and updated the service plan on 4-1-10 to reflect 30 minute checks.

  According to the tenant's service plan and 30 minutes check records, the program instituted 30 minute checks on the tenant from 4-1-10 to 4-9-10, when the tenant moved out. These checks were consistently documented.

  Staff #4, was interviewed, who was the staff member on duty at the time of the occurrence. She was in another tenant's apartment and did not hear anything. She was alerted from a staff from the attached care center that a person was on the highway and provided a description of what the tenant was wearing. Staff #4 shut off the alarm and checked the tenant's apartment. After checking the apartment, the tenant was seen at the top of the third hallway. The tenant stated he/she had gone up to check a bucket that someone left on the road. Staff #4 stated the tenant was out for supper and usually stayed out at the supper meal until approximately 6:15 p.m. The time on the Incident Report/Unusual Occurrence Report, was approximately 6:30 p.m. Staff #4 stated the tenant ambulated independently and the program did not

provide any personal or health related cares. The tenant did not have injuries and was dressed appropriately at the time of the occurrence. The tenant had not eloped previously.

The Nurse Coordinator was interviewed. She stated the tenant was independent with cares and ambulated independently. She stated the tenant had experienced memory decline. The tenant had a steady gait and did not have any wandering behavior. The Nurse Coordinator stated the tenant walked and would sit outside. The tenant walked around the building and returned to the program. She stated tenant did not have any injuries related to the occurrence. She stated the tenant had no prior elopements or unusual behavior.

At the time of the occurrence the program was not dementia specific by definition or designation and alarms on exit doors were not required. The alarms on the exit door were to alert staff that someone had gone out one of the exit doors. This alarm was not audible through the entire program and was audible near the station. The alarm had to be reset by staff once activated. The monitor tested the three exit hallway doors and the alarms functioned appropriately; however, were not audible unless in close proximity to the nurse's station. The program reported the occurrence within the appropriate timeframe to the Department. The tenant was discharged from the program on 4-9-10.

- Regulatory Insufficiency: None noted.

Dated this 4th day of June, 2010.