IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 8, 2010

Ms. Barbara Keninger, Manager
Parkers Place Retirement Community
707 Hwy 57
Parkersburg, IA 50665

RE: Final Initial Certification Monitoring Evaluation Report, Parkers Place Retirement Community, Parkersburg, IA

Dear Ms. Keninger:

Enclosed is the **Final Initial Certification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC and certification of Parkers Place Retirement Community will continue.

Enclosed you will find the Assisted Living Program Certificate **S0300** with effective dates of **October 16, 2009** through **October 15, 2011**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Barbara Keninger, Manager
Parkers Place Retirement Community
707 Highway 57
Parkersburg, IA 50665

Date of Monitoring Visit:

October 18, 2010

Monitors:

Lori Miner, RN, BSN
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. 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 Initial Certification 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 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 monitoring evaluation was conducted at Parkers Place Retirement Community on October 18, 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:	14
Current number of tenants with cognitive disorder:	1
Total Population:	15

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 4 tenants. They reported the program was an easy place to live. The tenants said the staff was well trained and answered calls promptly. They reported they felt safe and would recommend the program to family and friends.

Program History – The program received no regulatory insufficiencies during this certification period.

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

A. Medications

- Monitoring Observation: Tenants #1, #2, and #3 received medications administered by the program. The medication policy for the program stated "Staff must consistently follow the six 'Rights' for proper and accurate administration of medicines:" including right medication, dose, time, resident, route/method, and documentation.
  The following table indicates medication discrepancies noted in the Medication Administration Record (MAR):

Tenant	Medication	Dosage & Frequency	Observation
#1	Novolin Regular Insulin per sliding scale	For blood sugar of 120-150 inject 2 units	9-3-10, 8:00 p.m. blood sugar reading documented by staff was 127. MAR lacked documentation that insulin was given
#2	Novolin Regular Insulin per sliding scale	For blood sugar of 200-249 inject 7 units	10-11-10, 5:00 p.m. blood sugar reading documented by staff was 227. MAR lacked documentation that insulin was given.
#3	Warfarin	1 mg 5 days per week, none on Thurs or Fri	Not signed as given on Sunday, 10-17-10
#3	Tylenol 650 mg	As needed	MAR for 10-17-10 was blank, however, notation on back of MAR documented 2 tablets had been given on 10-17-10

- Regulatory Insufficiency: When medications are administered traditionally by the program: The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655- Chapter 6 governing nurse delegation. (IAC r. 481-67.5 (6) a.)

Dated this 8th day of November, 2010