IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 6, 2011

Ms. Erin Henry, RN
Deerfield Place Assisted Living
505 East Gilman Street
Sheffield, IA 50475

RE: Final Initial Certification Monitoring Evaluation Report, Deerfield Place Assisted Living, Sheffield, IA

Dear Ms. Henry:

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 Insufficiencies, DIA accepts your POC and certification of Deerfield Place Assisted Living will continue.

Enclosed you will find the Assisted Living Program Certificate **S0304** with effective dates of **December 4, 2009** through **December 3, 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:

Erin Henry, RN
Deerfield Place Assisted Living
505 East Gilman St
Sheffield, IA 50475

Date of Monitoring Visit:

December 1, 2010

Monitor(s):

Joyce Kix, RN
Lori Miner, RN BSN

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 Deerfield Place Assisted Living on December 1, 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:	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 meeting was held with five tenants. The tenants stated they were treated well and staff were good to them, treating them like one of their own. The food was described as sometimes not so good, with options available for a second choice. Some foods, like frozen fruit, are too cold. Hot foods are hot. The tenants stated there were no other improvements needed to the program. The tenants stated they felt safe, a nurse was available all the time and that, if needed, staff would respond right away. There are enough activities offered and the tenants decide for themselves what they would like to do. The tenants stated they were generally satisfied with the program and recommended it to others.

Program History – The program has not received any regulatory insufficiencies during this certification period.

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

A. Occupancy Agreement

Monitoring Observation: Tenant #1 is an 80 year-old admitted on 10-1-10 with diagnoses of: Diabetes, Hypertension (HTN), and Chronic Renal Insufficiency. A review of the chart indicated functional, cognitive and health evaluations were completed initially and at 30 days. A review of the occupancy agreement showed blank spaces under "Fees". Costs were not identified. Section 6 of the agreement, "Check the box of the program participating in," was also blank. Services to be provided were not identified. The tenant had signed the agreement with the blank spaces.
A second occupancy agreement, for Tenant #2, was selected to review. Section 6 of the agreement, "Check the box of the program participating in," was blank. Services to be provided were not identified. The tenant had signed the agreement with the blank spaces. An interview with the Community Representative that also signed the occupancy agreements revealed none of the tenants were provided a copy of their occupancy agreements.
The program failed to identify service and financial arrangements in the occupancy agreement. The program failed to provide a copy of the occupancy agreement to the tenants.

- Regulatory Insufficiency: The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements. (IAC r. 481-69.21(3))

- Regulatory Insufficiency A copy of the occupancy agreement shall be provided to the tenant or the tenant's legal representative, if any, and a copy shall be kept by the program. (IAC r. 481-69.21(4))

B. Service Plan

Monitoring Observation: Tenant #1's service plan indicated the program filled syringes with insulin and assisted with insulin injections. The service plan does not identify the need for blood sugar checks.

Tenant #3 is an 86 year-old admitted on 12-7-09 with diagnoses of: Chronic Obstructive Pulmonary Disease (COPD), Atrial Fibrillation, Congestive Heart Failure (CHF), HTN, and Hypothyroid ism. Physical Therapy (PT) was provided 8-24-10 to 9-23-10. The service plan dated 8-22-10 does not identify PT services. The Medication Administration Record (MAR) indicated oxygen was ordered at 2-5 liters every shift with oxygen saturations to be checked daily. The service plan does not identify the tenant's need for oxygen saturation checks.

Tenant #4 is a 90-year-old admitted on 6-1-10 with diagnoses of: HTN, Hyperlipidemia, History of Fractured Hip, Dementia, Reflux, Atrial Fibrillation, and Depression. The tenant was scored at two on the Global Deterioration Scaled which indicated very mild cognitive decline. The December 2010 physician orders indicated oxygen was ordered at 2-3 liters as needed, for a history of low oxygen saturations. The service plan does not identify the need for oxygen, oxygen saturation checks.

The service plans failed to indicate service providers and the tenants identified needs.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: *a.* The tenant's identified needs and preferences for assistance; *b.* Any services and care to be provided pursuant to the occupancy agreement; *c.* The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy. (IAC r. 481-69.26(4)(a-c))

C. **Medications**

Monitoring Observation: A medication pass was observed with Staff #1. After the medications were given to Tenant #3, the tenant was switched to tank oxygen to facilitate mobility to the dining room. Staff #1 set the oxygen flow at 5 liters/min. The MAR indicated the order was oxygen 2-5 liters. No parameters were indicated for the determination of liter flow.

Staff #1 was observed administering Novolog 10 units to Tenant #1. The Novolog was in a pre-filled syringe located in a refrigerator behind a locked door off the dining room. The syringe was in a container labeled with the medication and dosage. Tenant #1 had physician orders for more than one kind of insulin and dosage. There were three containers with pre-filled syringes in the refrigerator. The syringes were not individually labeled. Staff #1 did not take the MAR to the refrigerator. Staff #1 did not check the MAR prior to the administration of the Novolog. Documentation did not include the site of administration. According to Staff #1, the tenant decides the injection site and is occasionally reminded to rotate insulin injection sites. The program provided the Nurse Delegation form for Medication Management which directed medication to be rechecked with the MAR prior to administration. The Nurse Delegation for Insulin Administration form directed that "Site rotation should be planned and documented..."

The program failed to follow procedures set forth by the program as well as accepted professional standards for medication administration.

- Regulatory Insufficiency: When medications are administered traditionally by the program: *a.* The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered 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 6th day of January, 2011.