IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

January 25, 2011

Ms. Jody Thomas, RN Manager
Melrose Meadows Retirement Community
350 Dublin Drive
Iowa City, IA 52246

RE: Final Recertification Monitoring Evaluation Report – Melrose Meadows Retirement Community, Iowa City, IA

Dear Ms. Thomas:

Enclosed is the **Final Recertification 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.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary 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 **S0159** with effective dates of **October 23, 2010** through **October 22, 2012**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Jody Thomas, RN Manager
Melrose Meadows
350 Dublin Drive
Iowa City, IA 52246

Date of Monitoring Visit:

January 4, 2011

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 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 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 Melrose Meadows on January 4, 2011. 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:	22
Current number of tenants with cognitive disorder:	0
Total Population:	22

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 was held. The tenants did not report any concerns with housekeeping, laundry or maintenance. They stated the beds could be made more neatly and one tenant requested light and dark clothing not be washed together. The tenants stated the program had a nice atmosphere and environment. Nursing services were available and staff responded in less than five minutes when they called for assistance. They received all of the services promised at admission and they could go to the Manager with any concerns. They described staff as great and said staff knew what services to provide. One tenant reported staff were friendly, especially in the early morning hours. The tenants enjoyed the food and liked the choices offered at meals. They reported the hot food was hot and the meat was tender. They received enough food and liked the variety of foods served. One tenant reported there were a great variety of fresh fruits. A few tenants (who did not attend the meeting but provided input) reported the meat had too much breading and was tough. They reported the chicken salad and tuna salad sandwiches had too much salad dressing. There were sufficient activities offered and they received an activity calendar. The tenants enjoyed exercises, card games, music and outside entertainment. They selected their level of participation in activities. The tenants felt safe and made their own decisions. They were satisfied living at the program and would recommend it to others. The tenants reported they enjoyed the company of other tenants and appreciated the extra things staff did for them. One tenant stated when he/she left the program the tenant could not wait to return. The tenants also appreciated the transportation and grocery store shopping provided.

Program History – There were no regulatory insufficiencies during this certification period.

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

A. Evaluation of Tenant

Monitoring Observation: Three tenant files were reviewed.

Tenant #1, a 92 year old, was admitted on 10-6-10 with a diagnosis of Depression. According to Nurse's Notes dated 10-7-10, the tenant stated he/she felt very depressed and wanted to die. Staff tried talking to the tenant and nothing helped. The tenant was checked on again and the tenant stated he/she felt the same way. On 12-5-10 notes indicated the tenant felt very down and depressed. The tenant refused to come out to breakfast and lunch. The tenant was unable to do normal activities such as pulling up and down pants and dialing the telephone, according to notes. The tenant's family member was informed the tenant did not want to get out of bed and the tenant stated he/she was tired, according to notes dated 1-4-11. It was discussed the tenant had began to require an increased level of care and had increased in falls due to weakness. The tenant's family member was going to research long term care placement for increased level of care. Evaluations were not completed as needed.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive, and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with a significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: Three tenant files were reviewed.

Tenant #1's file was reviewed. According to Nurse's Notes dated 10-7-10, the tenant stated he/she felt very depressed and wanted to die. Staff tried talking to the tenant and nothing helped. The tenant was checked on again and the tenant stated he/she felt the same way. On 12-5-10 notes indicated the tenant felt very down and depressed. The tenant refused to come out to breakfast and lunch. The tenant was unable to do normal activities such as pulling up and down pants and dialing the telephone, according to notes. The tenant's family member was informed the tenant did not want to get out of bed and the tenant stated he/she was tired, according to notes dated 1-4-11. It was discussed the tenant had began to require an increased level of care and had increased in falls due to weakness. The tenant's family member was going to research long term care placement for increased level of care. The tenant's service plan did not address the tenant's behavior and interventions related to the behavior. The tenant's service plan was not updated as needed and did not reflect the identified needs of the tenant.

Tenant #2, a 79 year old, was admitted on 4-5-10 with diagnoses of: Dementia, Anxiety and Depression. According to Nurse's Notes on 10-1-10, the tenant called 911 from the tenant's apartment without staff knowledge. The tenant complained of dizziness. Staff

reported the tenant was intoxicated with an alcohol odor and wine spills in the apartment were observed. After discussion with the tenant, the tenant refused transfer to the hospital. The tenant agreed to have staff remove wine from the apartment. Notes dated 10-11-10 indicated the tenant called 911 without staff knowledge and had complaints of chest pain. The tenant went to the hospital via ambulance. The tenant was admitted for observation to rule out a Myocardial Infarction (MI). All tests were negative and the tenant returned on 10-13-10, according to notes. On 10-18-10 the tenant called 911 without staff knowledge, was taken to the hospital and returned on the same day with a diagnosis of chest wall pain and anxiety. On 10-25-10 the tenant called 911 without staff knowledge, was taken to the hospital and returned with a diagnosis of chest wall pain. On 11-26-10 the tenant went to the hospital due to chest pain. According to notes, 911 had been called for another tenant and while on the premises the tenant pushed his/her call button and complained of chest pain. Notes dated 1-2-11, indicated the tenant called 911 with complaints of chest pain and shortness of breath. The call was made without staff knowledge. The tenant was taken to the hospital and returned on the same day with no new orders. The tenant's family removed the tenant's cell phone and car keys and indicated if the tenant should not be driving if the tenant complained of being dizzy and chest pain. The tenant was aware of the decision. The tenant's service plan was updated on 8-12-10 and indicated the tenant had increased anxiety and the tenant would alert staff when assistance was needed and would notify staff when the tenant called 911. The tenant's service plan did not address the tenant's behavior and interventions related to this behavior.

- Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. (IAC r. 481-69.26(3))

- 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))

Dated this 18th day of January, 2011.