

IOWA DEPARTMENT OF

INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 28, 2011

Ms. Susan Juilfs, Administrator
Scuyler Place
713 Scuyler Street
Pomeroy, IA 50575

**RE: Final Recertification Monitoring Evaluation Report – Scuyler Place,
Pomeroy, IA**

Dear Ms. Juilfs:

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 **S0161** with effective dates of **October 29, 2010** through **October 28, 2012**.

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

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(515) 281-4115
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INVESTIGATIONS
(515) 281-5714
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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:

Susan Juilfs, Administrator
Scuyler Place
713 Scuyler St.
Pomeroy, IA 50575

Date of Monitoring Visit:

February 22, 2011

Monitor(s):

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 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 Scuyler Place on February 22, 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:	6
Current number of tenants with cognitive disorder:	2
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 eight tenants. The tenants reported the building and grounds were kept clean and neat. Housekeeping was done to their satisfaction. Staff were described as good, being kind, and treating the tenants with respect. The tenants indicated the staff were knowledgeable and trained to provide services. The food was served at appropriate temperatures, and a variety of foods were served. There are plenty of activities offered, and the tenant's did not mind going to the connected care center to take part in those activities as well. The tenants were generally satisfied with the program and would recommend it to others.

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

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

A. Tenant Documents

Monitoring Observation: Tenant #2, a 92 year-old, was admitted on 9-30-10 with diagnoses of: History of Cancer, Hypertension, and Restless Leg Syndrome. The tenant was scored at three on the Global Deterioration Scale (GDS) which indicated mild cognitive decline. A physician's order dated 12-29-10 indicated TED hose to be put on in the morning, off in the evening, and a warm pack as needed. These tasks were not on the Medication Administration Record (MAR) for January 2011.

Tenant #3, an 83 year-old, was admitted on 12-26-07 with diagnoses of: Fall, Contusions, Pain, Arthritis, History of Transmetatarsal Amputation Left Foot, Myelodysplastic Syndrome, Poor Memory, Peripheral Vascular Disease, and Degenerative Joint Disease. The tenant was scored at four on the GDS which indicated moderate cognitive decline. The physician's orders, originally dated 4-28-10, indicated a weekly weight. This treatment was not on the MAR for January 2011.

Physician ordered tasks were not part of the MAR.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include when the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs); and (IAC r. 481-69.25(1)(q))

B. Medications

Monitoring Observation: A medication pass was observed. Staff #1 was observed transferring a pill from a medication planner in Tenant #1's room to a pill cup, then administering the medication to the tenant. There was no documentation on the medication planner as to the name or dosage of the pill. Staff #1 signed the Medication Administration Record as the 11:30 a.m. dose of Lorazepam 0.5 milligrams. An interview with Staff #1 revealed that all program-administered medications are in medication planners. Staff #1 indicated she signed off on individual medications based on the times listed on the MAR. Staff #1 indicated she did not know the medication she had administered, other than the time it was due. She indicated signing the Lorazepam on the MAR for Tenant #1 because it was the only medication due at 11:30 a.m. An interview with the program registered nurse (RN) revealed that she filled the medication planners by comparing individual labeled medication containers against the MAR, then placing the medication in the planner. The nurse indicated the staff administer medications from the planner. The MAR for Tenant #1 did not indicate the medications were in a planner. MAR's for Tenant #2, Tenant #3, and Tenant #4 were reviewed. The MAR's did not indicate the medications were in a planner. The MAR's indicated the program administered medications, and each individual medication was signed as administered. A review of the medication policy provided by the program indicated "to ensure accuracy staff will document at the time of administration what was given." Because medications are in planners and not in individually labeled containers, the staff cannot accurately document what individual medications were given. The program failed to follow its medication policy.

Tenant #2 had a physician's order dated 12-29-10 which indicated Aspercream topical as needed, Silvadene topical as needed, TED hose to be put on in the morning, off in the evening, and a warm pack as needed. These medications and treatments were not on the Medication Administration Record (MAR) for January 2011. The service plan for Tenant #2 did not indicate the topical medications, the TED hose, or the warm pack would be self-administered. The MAR did not indicate the program had administered the medications or completed the tasks. The service plan for Tenant #4 indicated the RN would set up medications. The MAR's indicated the program administered medications. The medication policy indicated "the signed service plan will reflect whether the tenant self-administers medication or if the licensed or certified nursing staff performs or supervises this service." The program failed to follow its medication policy.

- Regulatory Insufficiency: Each program shall follow its own written medication policy. (IAC r. 481-67.5)

C. Food Service

Monitoring Observation: Staff #, a universal worker, was hired 9-25-08; Staff #2, a universal worker, was hired 5-9-09; and Staff #3, a universal worker, was hired 12-9-10. Staff #1 and #2 had no documented annual food safety and sanitation training for 2010 or 2011. Staff #3 had no documented food safety and sanitation training since hire.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (IAC r. 481-69.28(5))

Dated this 25th day of March, 2011.