IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 24, 2009

Deanna Fisher, Administrator
Cedars of Madrid
600 N. Kennedy
Madrid, IA 50156

RE: Final Recertification Monitoring Evaluation Report, Cedars of Madrid, Madrid, IA

Dear Ms. Fisher:

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** and denies the Request for Reconsideration as it relates to Evaluation of Tenant as full evaluations were not completed when Tenant #1 received a diagnosis of Bilateral Lower Leg Venous Stasis Ulcers on 2-23-09. DIA accepts your request for reconsideration for Nurse Review. 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 with effective dates of **July 24, 2009 through July 23, 2011**. If you have any questions regarding this certification, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Deanna Fisher, Administrator
Cedars of Madrid
600 N. Kennedy
Madrid, IA 50156

Date of Monitoring Visit:

June 25, 2009

Monitor(s):

Hal Chase, RN, BSN, MPH
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 [321 IAC 25.8(3)]. 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 this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Cedars of Madrid Assisted Living on June 25, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)*

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	11
Current number of tenants without cognitive disorder:	31
Total Population:	42

***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 twelve tenants in attendance. Tenants stated "staff bend over backwards for us." Tenants stated staff respond to call lights within five minutes, stated the meals were "great," and loved the new pool table. They were happy with the activities offered, felt safe living at the program and made their own decisions. Tenants stated they are generally satisfied with the program and would recommend the program to others.

Program History – There were substantiated complaints found in the areas of Evaluation of Tenant, Service Plan, Medications, Staffing and Nurse Review during this certification period.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Tenant #1, an 84 year old, was admitted on 9-21-03 and has diagnoses of: Stasis Dermatitis, Hyperuricemia, Gout, and Deep Vein Thrombosis of the Left Leg, Anemia, Macular Degeneration, Hypertension and Hypercholesterolemia. Physician's order of 2-23-09 indicated the tenant was diagnosed with Bilateral Lower Leg Venous Stasis Ulcers. Tenant documents indicated continuous wound care at least bi-weekly from an outside provider in addition to wound care provided by the program. Physician's orders of 3-9-09 through 6-22-09 indicated the program was to administer antibiotics on two separate occasions, provide wound care, apply edema wraps, apply Ted hose in the morning and off at night, assist with transfers and increase the tenant's ambulation as tolerated. On 5-7-09, the tenant was diagnosed with Methicillin Resistant Staphoccous Aurous (MRSA). The program did not complete evaluations at the onset of being diagnosed with Bilateral Lower Leg Venous Stasis Ulcers on 2-23-09 to determine if modification of services were needed.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status, as needed, to determine the tenant's continued eligibility for the program and to determine any modification to services needed. (25.23(2))

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Review of Tenant #1's file revealed a physician's order of 2-23-09 indicating Tenant #1 was diagnosed with Bilateral Lower Leg Venous Stasis Ulcers. Tenant documents indicated continuous wound care at least bi-weekly from an outside provider in addition to wound care provided by the program. Physician's orders of 3-9-09 through 6-22-09 indicated the program was to administer antibiotics, provide wound care, apply edema wraps, apply Ted hose in the morning and off at night, assist with transfers and increase the tenant's ambulation as tolerated. Service plans of 4-6-09 and 6-19-09 did not establish interventions related to the ongoing wound care and did not establish interventions related to isolation precautions for MRSA. Service plan of 6-19-09 was not based on a functional, cognitive and health evaluation and was not signed by the tenant, legal representative and two additional staff members.

- Regulatory Insufficiency: The program did not consistently develop a service plan for each tenant based on the evaluations and did not design the service plan to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently ensure when a tenant needs personal care or health related care, the service plan will be updated as needed by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff as appropriate to meet the needs of the tenant, in consultation with the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the service plan. (25.28 (3))

C. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Monitoring Observation: Review of Staff #2 and #4's files indicated the program did not have documentation of completion of six hours of dementia training in the last 12 months.

- Regulatory Insufficiency: The program did not provide staff with appropriate dementia-specific education and training. (25.34(3))

Dated this 24th day of July 2009.