IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 14, 2011

Susan Schmitt, Manager
Custom Care
1224 13th Street NW
Cedar Rapids, IA 52405

RE: Final Recertification Monitoring Evaluation Report – Custom Care, Cedar Rapids, IA

Dear Ms. Schmitt:

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 **S0108** with effective dates of **February 5, 2011** through **February 4, 2013**.

If you have any questions in regard to 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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Susan Schmitt, Manager
Custom Care
1224 13th Street NW
Cedar Rapids, Iowa 52405

Date of Monitoring Visit:

May 18, 2011

Monitor(s):

Maribeth Freland 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 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 Custom Care on May 18, 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:	27
Current number of tenants with cognitive disorder:	0
Total Population:	27

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 7 tenants and 1 family member. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend it to others.

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

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

A. Service Plan

- Monitoring Observation: Tenant #1, an 83 year old, was admitted 1-27-11 with diagnoses of: Mild Dementia, Hypertension (HTN), Glaucoma and Parkinson's Disease. The tenant scored 3 on the Global Deterioration Scale (GDS), dated 2-22-11, which indicated mild cognitive decline. The tenant's clinical record indicated the tenant weighed 157 pounds upon admission and lost 15 pounds in three months. The nurse noted the weight loss on the nurse review, completed 4-7-11. The nurse made a referral to the program's dietician for evaluation of the weight loss.

  The dietician evaluated the tenant on 4-16-11, advising the addition of one can of Boost protein supplement and snacks throughout the day. The tenant's service plan did not reflect the dietician's recommendations. The Supervisor indicated program staff routinely offer Tenant #1 snacks twice daily and offer Boost however the tenant refused due to a dislike of the product. The nurse did not update the tenant's service plan to include the dietary supplement and did not include the direction to staff to give the tenant snacks twice daily as described by the Supervisor.

  Tenant #2, a 99 year old, was admitted 5-8-10 with diagnoses of: HTN and Atrial Fibrillation. The tenant scored 3 on the GDS, dated 5-3-11, which indicated mild cognitive decline. The tenant's clinical record indicated the tenant weighed 120

pounds in January 2011 and weighed 111.6 pounds in May 2011. The Supervisor indicated program staff routinely offer Tenant #2 snacks twice daily and offer Boost; however, the tenant refused due to a dislike of the product. The nurse did not update the tenant's service plan to include the directions to staff to offer a dietary supplement to the tenant and did not include the direction to staff to give the tenant snacks twice daily as described by the Supervisor.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))

B. Staffing

Monitoring Observation: The monitor reviewed the personnel files of Staff #1, certified nurse aide (CNA) Staff #2, CNA and Staff #3, Universal Worker. All three files lacked documentation of completion of nurse delegation by Staff #4, the registered nurse identified by the Director of Health Services. All three staff currently provide services to the program's tenants. The Director provided a partial delegation list completed by Staff #4 for Staff #3 immediately prior to exit.

The Director reported Staff #4 was hired as the delegating nurse on 2-8-11; however, she had not yet completed delegations on all CNA's and universal workers prior to the monitoring visit on 5-18-11. The nurse planned to complete delegations for Staff #1 on 5-23-11, Staff #2 on 5-24-11 and Staff #3 the evening of 5-18-11.

- Regulatory Insufficiency: The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. (IAC r. 481-69.29(3))

Dated this 31st day of May 2011.