

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

June 27, 2011

Christine Smith, Community Services Administrator
Lutheran Home Apartments
1413 2nd Avenue
Vinton, IA 52349

**RE: Final Recertification Monitoring Evaluation Report – Lutheran Home
Apartments, Vinton, IA**

Dear Ms. Smith:

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 Insufficiency, 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 **S0034** with effective dates of **April 17, 2011** through **April 16, 2013**.

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

ADMINISTRATION
(515) 281-5457
FAX: (515) 242-6863

ADMINISTRATIVE HEARINGS
(515) 281-6468
FAX: (515) 281-4477

HEALTH FACILITIES
(515) 281-4115
FAX: (515) 242-5022

INVESTIGATIONS
(515) 281-5714
FAX: (515) 242-6507

Telephone Number for the Hearing Impaired: (515) 242-6515

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:

Christine Smith, Community Services Administrator
Lutheran Home Apartments
1413 2nd Avenue
Vinton, IA 52349

Date of Monitoring Visit:

May 25, 2011

Monitor(s):

Margaret Kaltefleiter, RN MS
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. 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 Lutheran Home Apartments on May 25, 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:	16
Current number of tenants with cognitive disorder:	0
Total Population:	16

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 eight tenants was held. The tenants liked the convenience of living at the program. Housekeeping services were completed to their satisfaction but maintenance issues were not addressed in a timely manner. Staff treated them with respect and provided good care. It was requested that medications ordered from the pharmacies be delivered directly to their apartments instead of being left in the front office. The food was good but too many salads were made using whipped topping. Tenants requested more fresh fruits, vegetables and non fluffy salads. They would like to have a bowl of fresh fruit available to choose from when desired. Tenants stated they needed to go to the nursing home to attend the majority of the activities; thus, they would like more activities offered in the Assisted Living program. They felt safe, were satisfied with the program and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Medications

Monitoring Observation: Tenant #1, a 98 year old, was admitted on 9-3-09 and diagnoses include: Hypertension (HTN), Arthritis, Hypothyroidism, Edema, Hyperlipidemia, and Asthma. According to the March 2011 Medication Administration Record (MAR), a new order was received on March 23, 2011 to increase the Furosemide 80 mg from one tablet daily to one tablet twice a day. The documentation of the order on the April MAR accurately reflected Furosemide 80 mg twice a day. The documentation of the order on the May MAR indicated administration of the medication only once per day, however, from 5-1-11 through 5-25-11, documentation indicated the medication had been administered twice a day. The nurse could not provide a physician's order for the change of medication on March 23, 2011.

Observation of the noon medication pass revealed Staff #1 documented administration of a medication prior to the medication being offered to the tenant. The nurse stated it is the program's practice to give the medication prior to signing the MAR.

A bag from a pharmacy which contained four prescription medications and two bottles of over the counter vitamins was observed left unattended on the top of a cabinet in an open area. The medications could be accessed by anyone at any time. The dates on the bottles indicated the medications were filled on 5-16-11, yet were still on top of the cabinet on 5-25-11, not having been delivered to the tenant.

- **Regulatory Insufficiency:** 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 24th day of June, 2011.