IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 6, 2011

Ms. Suzie Morgan, Administrator
Greenfield Manor Assisted Living
615 SE Kent Street
Greenfield, IA 50849

RE: Final Recertification Monitoring Evaluation Report – Greenfield Manor Assisted Living, Greenfield, IA

Dear Ms. Morgan:

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 **S0050** with effective dates of **June 11, 2011** through **June 10, 2013**.

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:

Suzie Morgan, Administrator
Greenfield Manor Assisted Living
615 SE Kent Street
Greenfield, IA 50849

Date of Monitoring Visit:

June 7, 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 Greenfield Manor Assisted Living on June 7, 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:	21
Current number of tenants with cognitive disorder:	0
Total Population:	21

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 14 tenants. The best thing about the program was the food, the overall care received, and it's a nice place. The tenants reported housekeeping was done to their satisfaction in both their apartments and in the common areas. Staff responded to requests for assistance in less than five minutes. Tenants reported being treated with kindness and respect. The food was described as good with no concerns offered. The hot foods were served hot. A variety of foods was offered. There were enough activities for the tenants. Generally the tenants 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. Service Plan

Monitoring Observation: Tenant #1 (the Tenant), an 85 year-old, was admitted to the program on 6-21-10 with diagnoses of: Anxiety Disorder, Esophageal Reflux, Tremor, Benign Prostatic Hypertrophy, Constipation, Dementia, Restless Leg Syndrome, Congestive Heart Failure, and Insomnia. On 3-11-11 an incident report was completed after the Tenant called for assistance and was found lying on the bathroom floor. A managed risk agreement was initiated on 3-11-11 because the Tenant had right hip pain and fell on 3-11-11. A notation was made on the service plan, dated 5-5-11, that indicated the Tenant was receiving Physical Therapy (PT) from 1-18-11 to 2-22-11 and 2-11-11 until 5-11-11. A fall risk assessment was completed on 5-5-11. The Tenant was scored at 18. The assessment form indicated a score of 10 or above represented a high risk. The service plan did not identify fall interventions. The service plan did not indicate the Tenant's preference for nursing facility care.

Tenant #2 (the Tenant), a 78 year-old, was admitted to the program on 11-18-10 with diagnoses of: Parkinson's Disease, History of falls, Diabetes Mellitus Type II, Hypertension, Hypothyroidism, and Esophageal Reflux.

On 5-4-11 and 5-6-11 incident reports were completed for tenant falls. A managed risk agreement was initiated on 5-6-11 for two falls in two days. The service plan did not identify fall interventions. The Tenant received PT services in May, 2011. The service plan did not indicate PT services. The service plan, dated 12-18-10, did not indicate the Tenant's preference for nursing facility care.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: the tenant's identified needs and preferences for assistance; the service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy; and preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy. (IAC r. 481-69.26(4)(a,c,e))

B. Nurse Review

Monitoring Observation: A 90-day nurse review was completed for Tenant #1 (the Tenant) on 3-28-11. A review of medications for adverse reactions and current orders was not documented. A nurse review was not completed after PT services were discontinued on 5-11-11. A managed risk agreement was initiated on 3-11-11 because the Tenant had right hip pain and fell on 3-11-11. Nurse's notes dated 3-11-11 indicated the Tenant was placed on managed risk for two weeks. A nurse review was not completed at the end of two weeks.

A 90-day nurse review was completed for Tenant #2 on 5-21-11. A review of medications for adverse reactions and current orders was not documented.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (IAC r. 481-69.27(1))

Dated this 5th day of July, 2011.