IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 8, 2011

Ms. Tonia Olsen, Manager
Cedar Vale Assisted Living
100 Poppe Lane
Nashua, IA 50658

RE: Final Recertification Monitoring Evaluation Report – Cedar Vale Assisted Living, Nashua, IA

Dear Ms. Olsen:

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 **S0211** with effective dates of **May 25, 2011** through **May 24, 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:

Tonia Olsen, Manager
Cedar Vale Assisted Living
100 Poppe Lane
Nashua, Iowa 50658

Date of Monitoring Visit:

June 9, 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 Cedar Vale Assisted Living on 6-9-11. 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:	14
Current number of tenants with cognitive disorder:	1
Total Population:	15

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 11 tenants. 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 the program 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. Medications

- Monitoring Observation: During noon medication pass on Thursday 6-9-11, while accompanied by the Nurse and the Adult Services Monitor, Staff Member #3, a universal worker, removed the medication from a prefilled planner stored in Tenant #1's (the Tenant's) room in a locked drawer. The Staff Member removed the medications from the Friday morning slot, placing the pills into a medication cup. According to the Tenant's medication administration record (MAR), the Friday morning medication slot held eleven different tenant medications, including blood pressure medications, diuretics, stomach acid reducers, cholesterol medications, vitamins, minerals and aspirin. Tenant #1's MAR directed the Staff Member to give only Lasix, a diuretic, at noon. The Staff Member did not compare the medications in the cup to the MAR. Staff Member #3 handed the medication cup to the Tenant at which time the Nurse intervened, stopping the Tenant from taking the medications. After nurse instruction, the Staff Member returned the medications in the cup to the Friday slot in the medication planner and removed the medication from the Thursday noon slot. The Tenant actually took the correct medication following the Nurse's intervention.

  Staff Member #3 then took Tenant #1's blood sugar, noting the reading to be 168. According to the Tenant's MAR, the Tenant required 2 units of Novolog, a short acting insulin. Staff Member #3 removed a bottle of Lantus, a long acting insulin,

from the Tenant's refrigerator and prepared to draw the insulin up into a syringe. The Nurse again intervened, telling the Staff Member she had removed the wrong bottle of insulin from the Tenant's refrigerator. Staff Member #3 returned the bottle of Lantus of Novolog, removed the bottle of Novolog and drew up 2 units of Novolog insulin for tenant administration.

- Regulatory Insufficiency: The administration of medications shall be provided by a registered nurse, a licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6) a.)

B. Other - Dependent Adult Abuse Training

- **Monitoring Observation:** Staff #1, a universal worker, had a hire date of 8-2-10 and continued to work with tenants at the time of the monitoring visit. The personnel record included documentation of completion of a self-study program related to the prevention, recognition and reporting of dependent adult abuse on 8-2-10. The Staff Member's certificate indicated the Manager had administered the course material and corrected the Staff Member's test following the study completion; however, the program had never been approved by the state's abuse education review panel to administer the self-study material or correct the testing.

  Staff Member #2, a universal worker, had a hire date of 6-1-10 and continued to work with tenants at the time of the monitoring visit. The personnel record included documentation of completion of a self-study program related to the prevention, recognition and reporting of dependent adult abuse on 6-10-10. The Staff Member's certificate indicated the Manager had administered the course material and corrected the Staff Member's test following the study completion; however, the program had never been approved by the state's abuse education review panel to administer the self-study material or correct the testing.

  Staff Member #3, a universal worker, had a hire date of 8-21-09 and continued to work with tenants at the time of the monitoring visit. The personnel record included documentation of completion of a self-study program related to the prevention, recognition and reporting of dependent adult abuse on 8-21-09. The Staff Member's certificate indicated the Manager had administered the course material and corrected the Staff Member's test following the study completion; however, the program had never been approved by the state's abuse education review panel to administer the self-study material or correct the testing.

- Regulatory Insufficiency: The person may complete the initial or additional training requirements as a part of any of the following that are applicable to the person: (1) a continuing education program required under chapter 272C and approved by the licensing board. (2) A training program using a curriculum approved by the abuse education review panel established by the director of public health pursuant to section 135.11. or (3) A training program using such an approved curriculum offered by the department of human services, the department of elder affairs, the department of inspections and appeals, the Iowa law enforcement academy or a similar public agency. (IAC 235B.16.5.d.(1)(2) (3))

Dated this 8th day of July 2011.