IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 20, 2011

Ms. Alecia Grove, Administrator
Garden View Senior Community
800 Darby Drive
Monona, IA 52159

RE: Final Recertification Monitoring Evaluation Report – Garden View Senior Community, Monona, IA

Dear Ms. Grove:

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 **S0215** with effective dates of **July 15, 2011** through **July 14, 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:

Alecia Grove, Administrator
Garden View Senior Community
800 Darby Drive
Monona, IA 52159

Date of Monitoring Visit:

June 14 and 15, 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 Garden View Senior Community on June 14 and 15, 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:	12
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	13

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	6
Total Census of ALP:	19

***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 six tenants. It was reported the best thing about the program was the staff, and that someone was always available with the use of the call system. The staff was available in less than five minutes. The tenants reported being treated with respect. Housekeeping was done to the tenants' satisfaction in both apartments and common areas. The food was reported to be good with more fresh fruits and vegetables. There were enough activities offered. The tenants were generally 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. Evaluation of Tenant

Monitoring Observation: Tenant #2 (the Tenant), a 91 year-old, was admitted to the program on 8-4-10 with a diagnosis of: Irritable Bowel Syndrome. Functional and cognitive evaluations were completed on 7-20-10, prior to admission; and 9-2-10, within 30 days of admission. The chart did not contain documentation of an evaluation of the Tenant's general health or gastrointestinal system. A health evaluation was not completed prior to and within 30 days of admission.

Tenant #3 (the Tenant), a 94 year-old, was admitted to the program on 2-23-11 with diagnoses of: Diabetes, Dementia, Hearing Loss, and Poor Eyesight. The Tenant scored four and a half points on the Mental Status Questionnaire which indicated moderately advanced impairment. The Tenant resided in the dementia unit. Functional and cognitive evaluations were completed on 2-22-11 and 2-23-11, prior to admission.

A functional evaluation was completed on 3-25-11, within 30 days of admission. The "Checklist for Pre-Admission and 30 day Follow-up" indicated a cognitive evaluation upset the Tenant and there was no change at 30 days. A Global Deterioration Score (GDS) was not generated within 30 days after the Tenant's initial assessment indicated moderately advanced impairment. The chart did not contain documentation of an evaluation of the Tenant's general health, Diabetic condition, hearing, or eyesight. A health evaluation was not completed prior to and within 30 days of admission.

- Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: Tenant #1 (the Tenant), a 92 year-old, was admitted to the program on 7-4-09 with diagnoses of: Hypertension, High Cholesterol, and Anxiety. The Tenant was scored at five to six on the GDS which indicated moderately severe to severe cognitive decline. The Tenant resided in the dementia unit. Staff #2 indicated the Tenant was on an every two hour toileting schedule because the Tenant was found to be wet every two hours. The Nurse (Staff #3) indicated the Tenant was on a toileting routine. The service plan dated 4-19-11 indicated the Tenant required assistance with and reminders for toileting. The service plan does not indicate a toileting schedule. The service plan does not indicate the Tenant's preference for nursing facility care.

The service plan for Tenant #2 does not indicate the Tenant's preference for nursing facility care.

The functional assessment for Tenant #3 (the Tenant) dated 5-20-11 indicated assistance was needed in selecting clothing and no grooming assistance was needed. The service plan does not indicate the Tenant needs assistance dressing. The functional assessment does not indicate the Tenant requires assistance with bladder or bowel management.

The service plan indicated "some assist" was required, but was not specific as to what assistance was needed. Progress notes dated 4-6-11 to 4-27-11 indicated the Tenant did not feel well with a temperature and cold symptoms. Wheezing was noted; a chest x-ray was ordered. On 4-20-11 an order was received from the physician to push fluids. The service plan was not updated to reflect this order. The service plan was not based on the functional assessment. The service plan did not indicate the Tenant's identified needs and preferences. The service plan does not indicate the Tenant's preference for nursing facility care.

- 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 service 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))

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance; 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)(e))

C. Nurse Review

Monitoring Observation: A 90-day nurse review was completed on 4-19-11 for Tenant #1. There was no documentation of a health status review or monitoring of medications for adverse reactions.

Progress notes dated 4-5-11 indicated Tenant #2 (the Tenant) had been admitted to the hospital for an overnight stay. Staff indicated the Tenant was hospitalized for dizziness and fluctuating blood pressure. The service plan dated 2-4-11 indicated updates were made on 4-14-11. The updates included assistance with dressing as needed, and stand-by assist with ambulation when dizzy. A nurse review was not completed after the Tenant returned from the hospital or with the change of condition and service plan updates on 4-14-11.

A 90-day nurse review was completed on 5-4-11 for Tenant #2. There was no documentation of a health status review or monitoring of medications for adverse reactions.

A 90-day nurse review was completed on 5-20-11 for Tenant #3. There was no documentation of a health status review or monitoring of medications for adverse reactions.

- 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; and to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.22(1)(3))

D. Food Service

Monitoring Observation: The program provided menus for March 13 to June 18. The menus indicated the program provides three meals a day. The program indicated food was obtained from an institutional food service distributor and prepared onsite. The program did not use menus from the food service distributor. The menus were not signed by the food service distributor or a dietitian. In an interview with the Kitchen Manager, she indicated she did not know if the menus provided 100% of the recommended dietary allowances.

- Regulatory Insufficiency: Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: One hundred percent if the program provides three meals per day. (IAC r. 481-69.28(3)(c))

Dated this 19th day of July, 2011.