IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

July 18, 2011

Ms. Nancy Ketcham, Administrator
Riverview Terrace Assisted Living
1501 St. Luke Drive
Spencer, IA 51301

RE: Final Recertification Monitoring Evaluation Report – Riverview Terrace Assisted Living, Spencer, IA

Dear Ms. Ketcham:

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 **S0040** with effective dates of **April 2, 2011** through **April 1, 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:

Nancy Ketcham, Administrator
Riverview Terrace Assisted Living
1501 St. Luke Drive
Spencer, IA 51301

Date of Monitoring Visit:

May 31 and June 1, 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 Riverview Terrace Assisted Living on May 31 and June 1, 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:	65
Current number of tenants with cognitive disorder:	4
Total Population:	69

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 29 tenants. The tenants indicated the best thing about the program was the staff that takes care of them. Staff were reported as responding to call lights in less than five minutes. Housekeeping services were performed to the tenants' satisfaction in apartments and common areas. Maintenance requests were taken care of promptly. The food was generally described as good. On occasion the meat was burned. A variety of foods was served. Hot foods were hot most of the time. Alternatives were available. There were enough activities offered and tenants reported they were busy. 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, an 81 year-old, was admitted to the program on 9-27-10 with diagnoses of: Dementia, Hip Replacement, Anemia, Depression, and Mild Failure to Thrive. The tenant was scored at four on the Global Deterioration Scale (GDS) which indicated moderate cognitive decline. Personal Service Assistant (PSA) Notes dated 1-14-11 indicated Tenant #1 was resistant about putting on incontinence briefs and it took two staff persons to get the tenant ready for bed. Nurse's Notes dated 3-3-11 indicated the tenant was unhappy and had a verbal outburst. The service plan did not address tenant behaviors. The service plan did not indicate planned and spontaneous activities based on the tenant's abilities and interests. The current service plan indicated the tenant was receiving speech therapy, which had been discontinued on 11-23-11.

Tenant #2, an 83 year-old, was admitted to the program on 10-15-10 with diagnoses of: Post Traumatic Stress Disorder (PTSD) and Congestive Heart Failure. The tenant was admitted to the program with a spouse. Nurse's notes dated 3-7-11 indicated the tenant went for a psychiatric evaluation.

Notes dated 3-21-11 and 3-23-11 indicated tenant #2's spouse, who was under hospice care, died; and hospice would visit the tenant over the next year for emotional support. Notes of 5-10-11 indicated the tenant cared for a dog in the apartment during the day. Staff indicated the dog was part of the tenant's support after the death of the spouse. During the tenant meeting, another tenant was verbal about a dislike of the dog. The service plan failed to indicate hospice bereavement services. The service plan did not identify the tenant's need for emotional support.

Tenant #3, a 93 year-old, was admitted to the program on 1-9-10 with diagnoses of: Chronic Obstructive Pulmonary Disease, Dementia, and a History of Prostate Cancer. The tenant was scored at five on the GDS scale which indicated moderately severe cognitive decline. The service plan did not indicate planned and spontaneous activities based on the tenant's abilities and interests.

Tenant #4, a 93 year-old, was admitted to the program on 11-23-09 with diagnoses of: Diabetes, Osteoporosis, Glaucoma, Osteoarthritis, Hypertension, and Irritable Bowel Syndrome. The tenant received Occupational Therapy (OT) services from 2-25-11 to 3-25-11 for assistance with toileting tasks. The service plan failed to indicate OT services.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum 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 for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (IAC r. 481-69.26(4)(c-d))

B. Staffing

Monitoring Observation: A morning medication pass was observed. Staff #1 handed a bag of trash to another employee then entered the tenant's apartment and administered medications from a planner. Staff #1 did not wash hands between handling the trash bag and administering medications. An afternoon medication pass was observed with Staff #1. Staff #1 entered a tenant's apartment, applied gloves, and administered eye drops. Staff #1 did not wash hands prior to or after removing gloves. When discussing handwashing, Staff #1 indicated she thought it was either handwashing or gloves, and did not know she had to do both.

Delegation forms were reviewed for Staff #1. The form for assistance with oral medications did not indicate handwashing was to be done. The form was signed by Staff #1 and the registered nurse. The form for administration of eye drops and procedure did not indicate handwashing prior to administration. Hands were to be washed upon completion. The form was signed by Staff #1 and the registered nurse.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

Dated this 23rd day of June, 2011.