IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 28, 2011

Ms. Jacquelyn Pope, Director
Sylvan Woods Assisted Living
2 Pennsylvania Place
Ottumwa, IA 52501

RE: Final Recertification Monitoring Evaluation Report – Sylvan Woods Assisted Living, Ottumwa, IA

Dear Ms. Pope:

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 **S0022** with effective dates of **December 1, 2011** through **November 30, 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:

Jacquelyn Pope, Director
Sylvan Woods Assisted Living
2 Pennsylvania Place
Ottumwa, Iowa 52501

Date of Monitoring Visit:

September 20, 2011

Monitor(s):

Maribeth Freland RN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview:

An on-site monitoring evaluation was conducted at Sylvan Woods on 9-20-11. In preparing this report, the following information was considered:

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	45
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	45
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	12
Total Population of Program at time of on-site	13
TOTAL census of Assisted Living Program	58

Tenant/Family Satisfaction Results – A community meeting was held with nine tenants in attendance. 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 served by the program 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 made observations detailed in the following areas.

A. Evaluation of Tenant

- Monitoring Observation: Tenant #1, (The Tenant) an 84 year old, was admitted 6-27-11 with diagnoses of: Dementia, Alzheimer's Disease, Chronic Obstructive Pulmonary Disease (COPD); and Chronic Venous Insufficiency with Stasis Dermatitis. The Tenant scored a 5 on the Global Deterioration Scale (GDS) dated 6-28-11, which indicated moderately severe cognitive decline. The Tenant currently resided in the program's secured dementia unit. The Tenant's clinical record lacked documentation indicating completion of an evaluation of his/her health, functional and cognitive status within 30 days of admission.

Tenant #2, (The Tenant) a 78 year old, was admitted 6-20-11 with diagnoses of: Alzheimer's Disease and Hypertension (HTN). The Tenant scored a 4 on the GDS dated 6-20-11, which indicated moderate cognitive decline. The Tenant currently resided in the program's secured dementia unit. The Tenant's clinical record lacked documentation indicating completion of an evaluation of his/her health, functional and cognitive status within 30 days of admission.

Tenant #3, (The Tenant) an 89 year old, was admitted 7-18-11 with diagnoses of: Diabetes; HTN; Osteoarthritis; and Venous Insufficiency. He/she was later diagnosed with Pancreatic Cancer, resulting in an admission to hospice services. The Tenant scored a 2 on the GDS dated 9-18-11, which indicated very mild cognitive decline. The Tenant's clinical record lacked documentation indicating completion of an evaluation of his/her health, functional and cognitive status within 30 days of admission.

Tenant #4, (The Tenant) a 91 year old, was admitted 8-23-10, with diagnoses of: Diabetes; HTN; Aortic Aneurysm; and Short Term Memory Loss. The Tenant scored a 4 on the GDS dated 2-9-11, which indicated moderate cognitive decline. The Tenant currently resided in the program's secure dementia unit. On 9-12-11, Staff #8, a registered nurse (RN), documented The Tenant's ongoing decrease in mobility abilities, increased stomach pain, decreased oral intake and an overall deterioration in his/her condition secondary to a diagnosis of an aortic aneurysm. The RN made a referral to hospice and the tenant was subsequently admitted to hospice care on 9-12-11. The Tenant's clinical record lacked documentation indicating completion of an evaluation of his/her health, functional and cognitive status with this reported change in condition.

Tenant #5, (The Tenant) a 91 year old, was admitted 8-12-09, with diagnoses of: Alzheimer's Disease and Glaucoma. The Tenant scored a 4 on the GDS dated 8-10-10 which indicated moderate cognitive decline. The Tenant currently resided in the program's secure dementia unit. The Tenant's clinical record contained documentation of an evaluation of his/her health, functional and cognitive status, dated 8-10-10, however lacked any more recent evaluations. The Tenant's clinical record lacked documentation indicating completion of an evaluation of his/her health, functional and cognitive status at least annually.

Tenant #6, (The Tenant) a 90 year old, was admitted 12-28-10, with a diagnosis of stroke. The Tenant scored a 24 out of 30 on the program's cognitive assessment tool, thereby did not require GDS completion. On 7-18-11, Staff #8, an RN, documented The Tenant's return to the program from acute rehabilitation secondary to increased weakness. The RN documented the tenant's need for a referral to home health care to receive physical therapy and occupational therapy services. The RN completed an evaluation of The Tenant's functional status however failed to complete an evaluation of his/her health or cognitive status following this reported change in condition.

The clinical records for Tenants #1, #2, #3, #4 and #5, indicated the tenants scored very mild to moderately severe cognitive decline on the GDS evaluations.

The program used a form on which the nurse circled a number determining each tenants' GDS score but did not include documentation of how the nurse concluded the tenants scored at that level.

- 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 often 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. (IACr. 481-69.22(2))

B. Medications

- Monitoring Observation: The following medication administration inconsistencies were identified:

Tenant #	Physician's Order	Dates	MAR Documentation
Tenant #1	Trazadone 50 milligrams (mg) twice daily	8-22-11 morning dose; 8-30-11 night time dose and 8-31-11 both doses.	Not signed as given- no reason for omission documented.
Tenant #1	Advair Diskus one puff twice daily.	6-28,29,30-11 both doses	Not given as was not available in program for staff to administer.
Tenant #1	Haldol 0.5 mg. every 6 hours as needed for agitation.	6-28,29,30-11; 7-1,2,3,4,26-11; 8-1,10,16,23,28,31-11	June and July doses documented as given for agitation however no documentation of effectiveness of the medication. August doses not documented as reason for giving or medication effectiveness.
Tenant #1	Tylenol 650 mg. every 4 hours as needed for pain.	7-4,8,16,17,19,23,29-11; 8-1,13,23,28-11	July doses documented as given for pain however no documentation of effectiveness of the medication. August reason for giving or medication effectiveness not documented.
Tenant #2	Nystatin powder to perineal area twice daily	8-18,19,21,23-11	Not signed as given- no reason for omission documented.
Tenant #2	Tylenol 650 mg. every 6 hours as needed for	8-2,8,16,26,28-11	Reason for giving or medication effectiveness not documented.

	pain.		
Tenant #3	Check blood sugars twice daily.	7-18,29-11; 8-29-11	Not signed as completed- no reason given for omission documented.
Tenant #3	Preservision one capsule twice daily.	8-8-11 nightime dose	Not signed as completed- no reason given for omission documented.
Tenant #3	Extra strength Tylenol 500 mg. one to two every 6 hours as needed for pain or fever.	7-26,27,28-11; 8-10,11,13,14,1,16,17,18, 19,20,21,25,26,27,28,29 ,30,31-11; 9-1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17-11	Documented as given for pain however no documentation of effectiveness of the medication.
Tenant #4	Check blood pressure and pulse weekly every Sunday	6-19-11; 7-3,31-11; 8-7,21,28-11	Not signed as completed- no reason given for omission documented.
Tenant #4	Maximum D3 10000 units two capsules weekly every Friday.	6-10-11; 7-22,29-11	Not signed as completed- no reason given for omission documented.
Tenant #5	Check blood pressure and pulse twice weekly every Monday and Friday	6-10,21,30-11; 8-29-11	Not signed as completed- no reason given for omission documented.

The program failed to maintain adequate amounts of physician ordered medications onsite for multiple tenants receiving program-administered medications. Staff failed to administer tenant medications according to physician's orders and failed to routinely indicate the reason for the omission when omission occurred. Staff failed to document effectiveness of medications when given on an as needed basis. The program nurse did not routinely document identification of the staff's failure to follow the medications as ordered by the physician and the program did not maintain documentation indicating physician notification of the above described inconsistencies.

- Regulatory Insufficiency: When medications are administered traditionally by the program, 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. (IACr 481-67.5(6) a.)

C. Food Service

- Monitoring Observation: Upon entrance into the program, the Director reported staff members in the program's secure dementia unit routinely serve food to tenants. The Director reported staff working in the assisted living area does not serve tenants food.

  Staff #1, a certified nurse aide (CNA), had a hire date of 9-2-08 and assisted with serving food to tenants in the secure dementia unit. Her personnel record lacked documentation of completion of food safety and sanitation orientation or training since 9-29-09.

  Staff #3, activity coordinator for the memory care unit, had a hire date of 10-10-05 and assisted with serving food to tenants in the secure dementia unit. Her personnel record lacked documentation of completion of food safety and sanitation orientation or training since 10-27-09.

  Staff #6, resident associate, had a hire date of 7-17-00 and assisted with serving food to tenants in the secure dementia unit. Her personnel record lacked documentation of completion of food safety and sanitation orientation or training since 10-28-09.

  Staff #7, resident associate, had a hire date of 12-13-05 and assisted with serving food to tenants in the secure dementia unit. Her personnel record lacked documentation of completion of food safety and sanitation orientation or training since 10-28-09.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28 (5))

D. Staffing

- Monitoring Observation: During interview, the Director reported the previous Director performed delegation of personal care duties and medication administration for all resident associates and CNAs prior to her resignation. The Director reported she and another program RN had delegated only three employees to medication administration since joining the program in May 2011. The Director reported no staff had been delegated by either herself or any program RN to personal care tasks.

  The personnel files for Staff #1, #2, #3, #4, #5, #6 and #7 lacked documentation of delegation related to medication administration or personal care tasks by the Director or other program RNs.

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

E. Dementia-Specific Education for Program Personnel

- Monitoring Observation: On 9-21-11, the Director identified the staff routinely and occasionally have the ability to work in the program's secured memory care unit.

  Staff #1, a CNA identified by the Director as working in the unit on occasion, had a hire date of 9-2-08. Staff #1's personnel file lacked documentation indicating she completed eight hours of dementia education in 2010 or 2011.

  Staff #3, the memory unit activity coordinator/CNA identified by the Director as routinely working in the unit, had a hire date of 10-10-05. Staff #2's personnel file lacked documentation indicating she completed eight hours of dementia education in 2010 or 2011.

  Staff #7, a resident associate identified by the Director as routinely working in the unit, had a hire date of 12-13-05. Staff #7's personnel file lacked documentation indicating she completed eight hours of dementia education in 2010 or 2011.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. (IACr. 481- 69.30(3))

Dated this 18th day of October 2011.