IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

February 3, 2012

Ms. Megan Toney, RN Director
Regency Assisted Living
815 High Road
Norwalk, IA 50211

RE: Final Recertification Monitoring Evaluation Report – Regency Assisted Living, Norwalk, IA

Dear Ms. Toney:

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 **S0232** with effective dates of **April 14, 2012** through **April 13, 2014**.

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:

Megan Toney RN, Director
Regency Assisted Living
815 High Road
Norwalk, IA 50211

Date of Monitoring Visit:

January 19, 2012

Monitor(s):

Lori Miner, RN BSN

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: ***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:	18
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	18
TOTAL census of Assisted Living Program	18

Tenant/Family Satisfaction Results – A meeting was held with ten tenants. The best thing about the program was the staff. Housekeeping was completed to the tenants' satisfaction. Comments included a clean building and grounds. Tenants used pull cords in case of emergency. Staff members were reported to respond in less than five minutes. The assisted living program is attached to a nursing facility, and nursing facility staff was available if needed. Staff members were reported to treat tenants kindly and with respect. The food was described as not so good. Foods were described as overcooked or undercooked, and menus were repetitious. There were enough activities offered. Tenants reported feeling safe at the Program. Tenants were generally satisfied 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 observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, an 89 year-old, was admitted on 6-1-11 and had diagnoses of: Dementia, Hypertension (HTN), Hyperlipidemia, Anxiety, Insomnia, Macular Degeneration, and Prostate Cancer. Tenant #1 was staged at two on the Global Deterioration Scale (GDS) which indicated very mild cognitive decline. Functional, cognitive and health evaluations were completed prior to admission, but were not completed within 30 days of admission.

Nurse's notes dated 10-5-11 documented Tenant #1's increased anxiety and pacing. Notes dated 10-12-11 documented Tenant #1 ambulating with a rapid, unsteady gait; 10-14-11 documented a staggering gait; 10-24-11 nurse's notes documented Tenant #1's increased anxiety and increased pacing. Ativan, for anxiety, was given. Notes dated 10-25-11, documented Tenant #1's distress about an upcoming trip; 10-26-11 notes documented Tenant #1 was prescribed Citalopram, an antidepressant; 11-13-11 documented Tenant #1 was pacing and anxious. Ativan was given and Tenant #1 was redirected. It was documented the interventions were ineffective. The same was documented on 11-14-11. Tenant #1 was having increased anxiety and pacing on 11-19-11 and 11-20-11. On 11-21-11 Tenant #1 was noted to have increased confusion and

anxiety. Tenant #1 was seen by a physician and Ativan, Citalopram, and Temazepam (a sedative) were discontinued. A Certified Nursing Assistant (CNA) documented the physician was trying to determine if Tenant #1 was overmedicated or if dementia was worsening. Evaluations were not completed with a documented increase in anxiety and pacing, medication changes, and concerns from the physician about overmedication or increasing dementia. Evaluations were not completed with a change of condition.

Tenant #2, an 84 year-old, was admitted on 6-1-11 and had diagnoses of HTN, Osteoarthritis, Diverticulitis and Depression. Tenant #2 was staged at two on the GDS which indicated very mild cognitive decline. Tenant #2's chart contained a cognitive evaluation dated 6-1-11, an undated functional assessment, and an undated health assessment. There were no evaluations after 6-1-11. Functional, cognitive, and health evaluations were not completed within 30 days of admission.

Tenant #3, a 78 year-old, was admitted 3-1-07 and had diagnoses of Cerebral Degeneration, Asthma, Atrial Fibrillations, Myelopathy, HTN, Hypothyroidism, and Depression. Tenant #3 scored 29 of 30 on the mini mental exam which indicated normal mental functioning. A health evaluation was completed on 8-6-10, a cognitive evaluation was completed on 12-11-11, and a functional evaluation was completed on 10-19-11. An annual health evaluation was not completed.

Evaluations were not completed within 30 days of occupancy, annually, and with significant change.

- 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: Nurse's notes dated 10-5-11 to 11-21-11 documented Tenant #1 had increased anxiety and pacing, sometimes pacing with an unsteady gait. The service plan was not updated to include interventions for anxiety and pacing with an unsteady gait. The service plan did not identify Tenant #1's preference for nursing facility care.

Tenant #2 was admitted on 6-1-11. The service plan was developed on 6-1-11. The service plan was not updated within 30 days of admission. On 11-29-11 Tenant #2 was noted to have a coughing/choking episode at lunch. Tenant #2 had been noted to have difficulty with swallowing "recently." An order was obtained for speech therapy to evaluate for difficulty swallowing. Speech therapy discontinued services on 12-19-11 and documented safe swallowing strategies. The service plan was not updated to include speech therapy services or the safe swallowing strategies. The service plan did not identify Tenant #2's preference for nursing facility care.

The service plan for Tenant #3 did not identify a preference for nursing facility care.

Service plans were not updated within 30 days of admission, changes in tenant condition including interventions for identified needs of anxiety, pacing, and difficulty swallowing. A service plan did not include services provided by speech therapy. Service plans did not identify tenants' preferences for nursing facility cares.

- Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. (IAC r. 481-69.26(3))

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

C. Nurse Review

Monitoring Observation: The service plan for Tenant #2 indicated Tenant #2 was administered medications by the Program. A 90-day nurse review was completed on 10-26-11. The nurse review indicated a pharmacy review was completed on 8-22-11. The chart for Tenant #2 did not contain documentation of an evaluation of Tenant #2 for adverse reactions to medication, that medication orders were current, or that medications were administered consistent with orders every 90 days.

Tenant #2 was evaluated by speech therapy for difficulty swallowing. Speech therapy identified safe swallowing strategies and discontinued services on 12-19-11. A nurse review was not completed to evaluate Tenant #2's ability to swallow following the completion of speech therapy services.

A nurse review was not conducted following a change of condition. Medications were not monitored every 90 days.

- 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: (1) 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))