IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 6, 2012

Ms. Kelsie Weldon, Administrator
Park Lane Village Memory Care
711 South Willetts Drive
Knoxville, IA 50138

RE: Final Initial Certification Monitoring Evaluation Report, Park Lane Village Memory Care, Knoxville, IA

Dear Ms. Weldon:

Enclosed is the **Final Initial Certification 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. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC and certification of Park Lane Village Memory Care will continue.

Enclosed you will find the Assisted Living Program Certificate **S0322** with effective dates of **September 23, 2011** through **September 22, 2013**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Kelsie Weldon, Administrator
Park Lane Village Memory Care
711 South Willetts Drive
Knoxville, IA 50138

Date of Monitoring Visit:

February 7, 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.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	6
TOTAL census of Assisted Living Program	6

Tenant/Family Satisfaction Results – A meeting with the tenants was not held as most of the tenants were cognitively impaired. The common areas and two apartments were toured. The areas were kept neat and clean. The sidewalks and parking lot were cleared of snow. Hourly checks were done to provide for tenants' safety. Staff members were observed being polite and caring. Food was observed being served at noon. Staff members were wearing gloves and hairnets. The food temperature was checked prior to serving. An alternative was available. The kitchen was clean and organized. Tenants were observed engaged in activities throughout the day. Doors were alarmed.

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. Medications

Monitoring Observation: A medication pass was observed for Tenant #1. Tenant #1, an 89 year-old, was admitted to memory care on 1-20-12 and had diagnoses of: Dementia, Hypertension, Diabetes Type II, Dyslipidemia, Atrial Fibrillation, Pacemaker, and History of Breast Cancer. Tenant #1 was staged at five on the Global Deterioration Scale which indicated moderately severe cognitive decline. A review of the physicians order indicated Warfarin 4 mg was to be given six out of seven days of the week. Warfarin 2 mg was to be given on Sundays. A review of the Medication Administration Record (MAR) indicated Tenant #1 was to receive Warfarin 4 milligrams (mg), a blood thinner. The words indicated Warfarin 4 mg was to be given six out of seven days a week, one tablet daily. The signature portion of the MAR indicated Tenant #1 was to receive this dose only once a week as all other signature spaces contained an "X." The documentation on the MAR indicated Tenant #1 had received Warfarin 4 mg only once during the week. A review of the MAR indicated Tenant #1 was to receive Warfarin 2 mg one out of seven days a week, on Sunday. The signature portion of the MAR indicated Tenant #1 was to receive this dose six days a week as the other signature space contained an "X." The documentation on the MAR indicated Tenant #1 had received Warfarin 2mg five times during the week. The medication was not documented as given according to the physician's orders.

Tenant #1 was scheduled to receive seven medications at 9:00 a.m. including Digoxin, a heart medication; Levothyroxine, a thyroid hormone; Atenolol for high blood pressure; and Calcium/Vitamin D and Vitamin B 12, both supplements, and the Warfarin. All were to be given once daily. Tenant #1 was also to receive Oxybutynin, at 9:00 a.m. and 2:00 p.m. Staff #1 entered the apartment to give the medications at 10:10 a.m. The 9:00 a.m. medications were observed to be given at 10:22 a.m. after clarifying the Warfarin order with the Program Nurse. Staff #1 stated that there had been other occasions, although not often, when medications were given late to Tenant #1. Staff #1 stated Tenant #1 liked to "sleep in" and proceeded slowly with morning cares. Medications were not administered according to accepted nursing practice standards of one hour before to one hour after the scheduled time.

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

B. Food Service

Monitoring Observation: The Program provided a food license from the general population program of Park Lane Village located at 908 South Park Lane in Knoxville, an unattached building located near the memory care building. The Manager indicated Park Lane Village Memory Care did not hold a food license. Food was brought from the general population program to the memory care program for lunch and dinner. The Program provided a daily breakfast suggestions menu. Staff #1 and Staff #2 confirmed omelets and fried eggs were made from fresh eggs. Pancakes were made from pancake flour and water; sausage and bacon was precooked and reheated. Staff #1 and #2 stated they served and prepared meals. Documentation contained in the file for Tenant #1 on a service record dated 1-25-12 to 1-30-12 indicated staff members prepared and served meals on at least eight occasions. Documentation contained in the file for Tenant #2 on a service record dated 1-23-12 to 1-29-12 indicated staff members prepared and served meals on at least twelve occasions. A telephone call was placed to the Food and Consumer Safety Bureau of the Iowa Department of Inspections and Appeals. After being given the above information, a staff member indicated a food license was required at Park Lane Village Memory Care. The Memory Care Program did not have a food license.

Regulatory Insufficiency: Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. (IAC r. 481-69.28(6))