IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 23, 2012

Complaint/Incident Intake: 38064-C

Mr. Daren Relph, CEO
Murphy Place Assisted Living
417 South East Street
Corydon, IA 50060

RE: Final Recertification and Complaint/Incident Investigation Report – Murphy Place Assisted Living, Corydon, IA

Dear Mr. Relph:

Enclosed is the **Final Recertification and Complaint/Incident Investigation 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. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and 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 **S0190** with effective dates of **May 21, 2012** through **May 20, 2014**.

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

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Recertification and Complaint/Incident Investigation Report

Assisted Living Program:

Daren Relph, CEO
Murphy Place Assisted Living
417 South East Street
Corydon, IA 50060

Complaint/Incident Intake: #38064-C

Date of Complaint/Incident Investigation:

March 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 below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	8
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	9

Tenant/Family Satisfaction Results – A meeting was held with nine tenants. The best thing about the Program was that it was clean, the staff treated tenants like family, and the food was good. Housekeeping was completed to the tenants' satisfaction in apartments and common areas. Tenants used call buttons to request assistance. Staff members were reported to respond in less than five minutes. Staff members treated the tenants well, with kindness and respect. The food was described as good, with a variety of foods served. Hot foods were served hot. There were enough activities offered. Tenants reported feeling safe at the Program, and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged a tenant exceeded level of care for "always messing his/her pants with poop" and wandered away less than one year ago.

- Monitoring Observation: The Program completed the monitoring entrance form. The Program did not identify any tenants that had eloped from the Program. Staff members #1 and #2 were interviewed and did not identify any tenant elopements. The Program was asked to provide incident and medication error reports for three months. There was no documentation of a tenant elopement.

  During interviews, Staff members #1 and #2 identified Tenants #1, #2, and #3 as requiring the most care. Staff members #1 and #2 stated there were no tenants with unmanageable incontinence of either bowel or bladder. In assisted living rules, unmanageable incontinence is defined as "a condition that requires staff provision of total care for an incontinent tenant who lacks the ability to assist in bladder or bowel continence care."

Tenant #1, a 92 year-old, was admitted on 10-15-11 and had diagnoses of: Heart Attack, History of Colon Resection for Cancer, and History of Knee Surgeries. Tenant #1 scored 11 of 11 on the mental status questionnaire which indicated no or mild impairment. In an interview, Staff #2 indicated Tenant #1 never had help and was slow to accept help. The service plan dated 11-11-11 indicated Tenant #1 required assistance with bathing for safety reasons. The Program was providing reminders for grooming and dressing, and reminders to change absorbent briefs as needed for a long history of urinary incontinence. Tenant #1 was independent with ambulation, eating, and medications. The chart contained no documentation of bowel incontinence. Tenant #1 was observed in his/her apartment. There was no odor of urine or stool from either Tenant #1 or the apartment. The bathroom of the apartment was noted to be clean.

Tenant #2, a 95 year-old, was admitted on 10-15-11 and had diagnoses of: Atrial Fibrillation, Sick Sinus Syndrome, and Pacemaker. Tenant #2 scored 8 of 11 on the mental status questionnaire which indicated moderately advanced impairment. In an interview, Staff #2 indicated Tenant #2 was stiff from Arthritis and it was easier for two persons to transfer Tenant #2 out of the tub. The service plan dated 11-11-11 indicated Tenant #2 required assistance with bathing for safety reasons. The Program was providing reminders for grooming and the spouse was providing assistance with dressing. Tenant #2 was independent with toileting. Tenant #2 was independent with ambulation in the apartment and the spouse propelled Tenant #2 in a wheelchair when going distances. Tenant #2 was independent with eating, and the spouse managed medications. The chart contained no documentation of bowel incontinence. Tenant #2 was observed in his/her apartment. There was no odor of urine or stool from either Tenant #2 or the apartment. The bathroom of the apartment was noted to be clean.

Tenant #3, an 86 year-old, was admitted on 3-13-11 and had diagnoses of: Hypertension, Coronary Artery Disease, Osteoarthritis, Gastroesophageal Reflux Disease, Alzheimer's Dementia, and Osteoporosis. Tenant #2 was staged at five on the Global Deterioration Scale which indicated moderately severe cognitive decline.

In an interview, Staff #1 indicated Tenant #3 was on a bladder training program and was toileted every two- to three hours. Staff #1 stated most of the time, Tenant #3 was dry and toileted himself/herself. Staff #1 stated Tenant #3 routinely has a bowel movement shortly after breakfast, and once in a while has the bowel movement on the way to the bathroom. Staff #1 stated Tenant #3 was able to clean himself/herself after a bowel movement, and staff members finished the perineal care if needed. Staff #1 stated Tenant #3 wore absorbent briefs, and when Tenant #3 was incontinent of stool, the brief contained the stool. Staff #1 stated Tenant #3's bathroom was clean and there was no urine or stool on the floor. Staff #1 stated Tenant #3 was independent with eating, used a walker and could ambulate independently, and Tenant #3 assisted with bathing, dressing, and grooming.

In an interview, Staff #2 indicated Tenant #3 was on a toileting schedule. Tenant #3 used absorbent briefs which were dry most of the time. Staff #2 noted Tenant #3 was sometimes incontinent of stool but the brief contained the stool. Staff #2 stated Tenant #3 was able to clean himself/herself after a bowel movement, and staff members finished the perineal care if needed. Tenant #3 could stand if holding onto

something, to allow staff members to complete the perineal care. Staff #2 stated Tenant #3 was able to assist with bathing, dressing, and grooming. Tenant #3 was able to eat independently. A four-wheeled walker was used for ambulation.

The documentation of the completed toileting schedule was reviewed. Documentation for Tenant #3 in October and November 2011 showed several instances of incontinence of stool in the absorbent brief. Documentation in a nurse review dated 11-3-11 indicated Tenant #3 had been started on a pro-biotic for bacteria introduction secondary to extreme lactose intolerance. Tenant #3 was also started on Detrol LA for bladder control. The completed toileting schedule from mid-December 2011 through February 2012 showed a decrease in the number of documented stools. In an interview with the Program nurse, she stated the pro-biotics and Detrol had helped.

Tenant #3 was observed during the monitoring visit. Tenant #3 was observed eating independently, and was observed using a four-wheeled walker and ambulating with stand-by assistance. Tenant #3 was also observed on two occasions of the toileting schedule. Tenant #3 was reminded to use the restroom, ambulated to the toilet, and slid pants and absorbent briefs down. During both observations, Staff #1 was in attendance and reported the absorbent briefs were dry. Tenant #3 urinated in the toilet. After toileting, Tenant #3 performed perineal care, stood, pulled up the absorbent briefs and pants, and then walked to the sink to wash hands. The bathroom was noted to be clean and free of odor on both occasions. Tenant #3 was also noted to be clean and free of odor.

In interviews, staff members identified tenants that they believed required the most care. Three tenant charts were reviewed and none met criteria for exclusion from the Program.

Regulatory Insufficiency: None noted.