

# INSPECTIONS & APPEALS

TERRY E. BRANSTAD  
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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 9, 2012

Ms. Chris Hedger, Administrator  
Longview Assisted Living  
1010 Longview Road  
Missouri Valley, IA 51555

**RE: Final Recertification Monitoring Evaluation Report – Longview Assisted Living, Missouri Valley, IA**

Dear Ms. Hedger:

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 **S0001** with effective dates of **June 1, 2012** through **May 31, 2014**.

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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:**

Chris Hedger, Administrator  
Longview Assisted Living  
1010 Longview Road  
Missouri Valley, IA 51555

**Date of Monitoring Visit:**

February 28, 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.

| <b>General Population Program</b>              |    |
|--|----|
| Number of tenants without cognitive disorder:  | 15 |
| Number of tenants with cognitive disorder:     | 1  |
| Total Population of Program at time of on-site | 16 |
| <b>TOTAL census of Assisted Living Program</b> |    |
|  | 16 |

**Tenant/Family Satisfaction Results** – A meeting was held with 13 tenants. It was reported the best thing about the Program was the quiet in the evenings, not having to do the cooking and cleaning, and the nice staff members. Housekeeping was completed to the tenants' satisfaction in both apartments and common areas. Tenants used a pull cord in the apartment to request assistance. Staff was reported to respond quickly. Staff members were described as good, and treated the tenants with kindness and respect. Most of the time the food was good; vegetables needed to be tastier. Most of the time hot foods were served hot. There were enough activities offered and the tenants reported no problems attending activities in the attached nursing facility. Tenants were generally 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 observations detailed in the following areas.

**A. Service Plan**

**Monitoring Observation:** Tenant #1, an 80 year-old, was admitted on 12-23-10 and had diagnoses of: Hypertension (HTN), Hypothyroidism, Hyperlipidemia, and Reflux Esophagitis. On 12-14-11, Tenant #1 was staged at five on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. The Program was a general population program without a dementia unit. A fax to the physician dated 12-13-11 indicated a safety concern for Tenant #1. The fax documented when Tenant #1 left the apartment he/she was "lost." According to the fax, the Program instituted hourly safety checks through the night and placed alarms on Tenant #1's door at night. The service plan did not identify interventions to meet Tenant #1's safety needs.

According to a fax dated 12-20-11 Tenant #1 was receiving Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) due to identified safety concerns. The service plan, dated 12-16-12 was not updated to include the outside services.

The Administrator stated Tenant #1 liked to go outside to smoke. Nurse's notes dated 1-4-12 stated Tenant #1 was outside smoking with a staff member present. Tenant #1 dropped the cigarette "two or three times" before putting it out.

An interview with Staff #1 indicated Tenant #1 was always accompanied by staff members when going outside to smoke. Staff #1 indicated the cigarettes were locked up and Tenant #1 did not have direct access to the cigarettes. Staff #1 also reported Tenant #1 liked to sit outside and get fresh air. Staff #1 stated staff members "kept an eye on" Tenant #1 and completed frequent checks when Tenant #1 was outside. Nurse's notes dated 2-1-12 indicated "per administration" cigarettes and lighters were to be kept at the desk and staff members were to assist. Nurse's notes indicated Tenant #1 became very agitated and was swearing when asked to put the cigarettes and lighter away. Tenant #1 threw cigarettes and lighter out the door. The current service plan dated 12-16-11 did not address Tenant #1's desire to smoke, staff members accompanying Tenant #1 outside, or keeping cigarettes locked up. The service plan did not indicate interventions for the agitation.

Nurse's notes dated 1-18-12 to 2-8-12 documented several episodes of diarrhea. The Administrator indicated Tenant #1 frequently left foods sit out, not refrigerated. Staff members were reported to be putting foods left out into the refrigerator for Tenant #1. The service plan did not identify the need to put foods into the refrigerator for Tenant #1.

The service plan did not identify Tenant #1's preference for nursing facility care.

Tenant #2, a 97 year-old, was admitted on 7-1-08 and had diagnoses of: HTN, Ischemic Heart Disease, Congestive Heart Failure (CHF), and Atrial Fibrillation. Tenant #4 was staged at four on the GDS which indicated moderate cognitive decline. The Program was a general population program without a dementia unit. Nurse's notes dated 2-4-12 indicated Tenant #2 had fallen and was noted to have an abrasion on the forehead and a swollen, bruised finger. Nurse's notes dated 2-14-12 indicated Tenant #2 was tired, legs gave out, and Tenant #2 fell. No injury was noted. PT and OT services were requested related to strengthening and safety. The service plan was not updated to include services provided.

The health assessment dated 8-10-11 indicated Tenant #2 was anxious when short of breath and also with breathing treatments. Medication Administration Records (MAR's) were reviewed for January and February 2012. Tenant #2 received routine breathing treatments (Duoneb) three times a day. Breathing treatments were also noted to be ordered "as needed." The MAR indicated Tenant #2 received approximately 15 "as needed" breathing treatments each month. Further documentation on the MAR indicated Tenant #2 used the treatment for shortness of breath on several occasions. The service plan did not include interventions for shortness of breath or anxiety.

Tenant #3 an 81 year-old, was admitted on 9-12-11 and had diagnoses of: Major Depressive Disorder, CHF, Gastroesophageal Reflux Disease, HTN, Iron Deficiency Anemia, and Hypothyroidism. OT was started on 12-1-11 due to a decline in ability to perform activities of daily living (ADL's) and transfers due to weakness. The current service plan dated 9-12-11 was not updated to include services provided.

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))

## **B. Medications**

Monitoring Observation: Staff #1 was observed passing medications to Tenant #3 at 11:40 a.m. The MAR indicated an Exelon patch was to be applied at noon. Staff #1 stated she applied the patch at 8:00 a.m. The MAR did not allow for the documentation of the time given. Staff #1 was not observed placing an Exelon patch during the medication pass. Tenant #3 was observed to have an undated patch in place. Professional standards for medication administration allow one-hour before to one-hour after the scheduled time for the medication to be given.

During the medication pass, it was noted on the MAR for Tenant #4 an antidysrhythmic, Propafenone, was written to be given every eight hours, but the times to be given were three times a day, but not every eight hours. The physician's order indicated the medication was to be given every eight hours. Propafenone was not administered according to the physician's orders for February, 2012.

Staff #1 was observed passing medications to Tenant #5. Carafate was to be given at 1:00 p.m. The medication was observed to be given at 11:30 a.m. Professional standards for medication administration allow one-hour before to one-hour after the scheduled time for the medication to be given.

The Program did not follow accepted professional standards for medication administration.

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))

## **C. Nurse Review**

Monitoring Observation: Tenant #1 was identified as receiving services from PT, OT, and ST for a decline in ability to perform ADL's and increased confusion according to a fax dated 12-14-11. According to the interim registered nurse (RN), therapies were completed by 2-13-12. A nurse review was not done upon completion of therapies to determine Tenant #1's response to treatment.

Tenant #3 completed OT on 1-13-12 for a decline in the ability to perform ADL's and transfers due to weakness. A nurse review was not done upon completion of therapy to determine Tenant #3's response to treatment.

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: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status.  
(IAC r. 481-69.27(3))