IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 7, 2012

Ms. Kris Johnston, Director
Northridge Assisted Living
1110 North 6th Street
Chariton, IA 50049

RE: Final Recertification Monitoring Evaluation Report – Northridge Assisted Living, Chariton, IA

Dear Ms. Johnston:

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 **S0233** with effective dates of **May 10, 2012** through **May 9, 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:

Kris Johnston, Director
Northridge Assisted Living
1110 North 6th Street
Chariton IA 50049

Date of Monitoring Visit:

February 8th and 9th, 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:	35
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	35
TOTAL census of Assisted Living Program	35

Tenant/Family Satisfaction Results – A meeting was held with 29 tenants. The best thing about the Program was the companionship and good staff. Housekeeping was completed to the tenants' satisfaction in both apartments and common areas. Tenants reported using call buttons to request assistance. Staff members were reported to respond in less than five minutes. Tenants reported staff members treated them kindly and with respect. The food was described as good with a variety of foods served. It was reported too much hamburger was served. There were enough activities offered, and more music was requested. Tenants reported feeling safe and were generally satisfied with the Program. Tenants would recommend the Program 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, a 96 year-old, was admitted on 4-14-08 and had diagnoses of: Aortic Stenosis, Atrial Fibrillation, Congestive Heart Failure (CHF), Hypothyroidism, Pacemaker, Dyspnea, and Renal Failure. Nursing notes dated 12-29-11 indicated Tenant #1 was generally weak and tired, and was dry and thirsty. Tenant #1 was admitted to the hospital on 12-29-11. The discharge instructions dated 1-3-12 indicated Tenant #1 had diagnoses of Renal Insufficiency, Hypokalemia, Hyponatremia, and Weakness. Tenant #1 was noted to have been treated for CHF, and had been prescribed an antibiotic ointment for use on the nose. An arterial Doppler study had been scheduled for the following week. Functional and cognitive evaluations were completed upon return to the Program on 1-3-12. The health evaluation completed on 1-3-12 contained vital signs and indicated Tenant #1 was tired, but feeling better. The health evaluation did not contain a review of body systems or evaluation of Tenant #1's nose. A health evaluation was not completed with a change of condition.

Tenant #3, a 95 year-old, was admitted on 9-27-11 and had diagnoses of: Hypertension (HTN) and Bronchitis. Functional, cognitive and health evaluations were completed prior to admission. The initial health evaluation identified areas of skin on the left arm that were in different stages of healing. Functional and cognitive evaluations were completed

on 10-26-11. The health evaluation dated 10-26-11 contained vital signs, but did not include an evaluation of the skin on the left arm, nor a review of body systems. A health evaluation was not completed within 30 days of admission.

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: Tenant #2, a 91 year-old, was admitted on 9-7-07 and had diagnoses of: Peripheral Neuropathy secondary to Guillain Barre, Hypertension, Alzheimer's Dementia, Osteoporosis, and Gastroesophageal Reflux Disease. Annual cognitive and functional assessments were completed on 8-16-11. Tenant #2 scored seven of 11 on the mental status questionnaire dated 8-16-11, which indicated moderately advanced impairment. The previous mental status questionnaire, completed 3-10-11 did not indicate moderately advanced impairment. An incident report dated 1-15-12 indicated Tenant #2 was found on the floor asleep, by the bed. The incident report documented Tenant #2 did not use the call button to request assistance; the walker was in the bathroom. The incident report also indicated Tenant #2 was "disoriented." Tenant #2 indicated he/she had slid to the floor from the bed. Tenant #2 was noted to have a fever, and was taken to the emergency room (ER). Nursing notes dated 1-16-12 at 3:15 a.m. indicated Tenant #2 returned to the Program with a diagnosis of Urinary Tract Infection (UTI) and "needs to drink lots of fluids." Nursing notes dated 1-17-12 documented the reinforcement of the use of the call button to Tenant #2. Nursing notes dated 1-21-12 and an incident report of the same date indicated the Program had received a call from 911 dispatch. Dispatch had been notified by a phone company that Tenant #2 was on the floor in the apartment. It was believed that Tenant #2 "had forgotten" to use the call button and dialed a number, and instead of reaching 911, dialed the phone company. Staff found Tenant #2 sitting on the floor by the bed with legs out. Tenant #2 complained of pain in the leg and back. The incident report documented Tenant #2 was disoriented and was taken to the ER. Tenant #2 returned to the Program with instructions to "continue to use walker and monitor patient while ambulating. Use ice to knee...four times daily."

The service plan for Tenant #2, with a signature date of 8-16-11, indicated Tenant #2 independent with ambulation and used a cane. The service plan was not updated to include the use of a walker. The service plan was not updated to include increased fluids after the diagnosis of a UTI. The service plan was not updated with the instructions from the 1-21-12 visit to the ER. The most recent cognitive evaluation dated 8-16-11 had shown a decline from the previous evaluation. The service plan indicated Tenant #2 was forgetful at times, but did not include interventions for safety after two episodes of being found on the floor and not using the call button. The service plan did not meet the identified needs of Tenant #2.

Tenant #4, an 84 year-old, was admitted on 7-25-11 and had diagnoses of: Weakness, Falls, HTN, Urinary Retention, Hypokalemia, and Vitamin D Deficiency. The functional assessment dated 9-6-11 identified Tenant #4 required assistance with hygiene and dressing. The service plan was not based on the functional assessment and did not identify Tenant #4 required assistance with hygiene and dressing. A managed risk agreement was signed 7-27-11 because Tenant #4 was identified as being unsteady on feet at times, had weakness, lost balance easily, and did not used good safe judgment when getting up, sitting down, or transferring. Tenant #4 was discharged from Physical Therapy (PT) on 9-6-11 after showing improvement in stand to sit techniques and consistent safe transfers with controlled descent. Incident reports dated 10-31-11 to 1-19-12 documented at least 15 episodes of Tenant #4 falling or being found on the floor. A review of the service plan dated 9-6-11 does not identify fall interventions or the managed risk agreement. The service plan did not meet the identified needs of Tenant #4.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.28(5))

C. Nurse Review

Monitoring Observation: Tenant #1 had a 90-day nurse review completed on 11-14-11. The review lacked documentation of the assessment of Tenant #1's health status.

Tenant #2 had a 90-day nurse review completed on 11-15-11. The review lacked documentation of the assessment of Tenant #2's health status, and documentation of Tenant #2's response to medications.

A review of Tenant #4's file revealed no nursing documentation after 12-21-11. Incident reports dated 1-3-12 to 1-19-12 documented at least six episodes of Tenant #4 falling or being found on the floor. The incident report dated 1-8-12 indicated Tenant #4 hit his/her head on the floor. A nurse review was not completed with the series of falls to assess Tenant #4's condition.

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; and **(3)** 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(1)(3))

D. Staffing

Monitoring Observation: The monitoring entrance form indicated the delegating nurse had been employed with the Program since August, 2006. The Program provided no documentation of current training for the delegating nurse on Iowa rules and regulations for assisted living. The Director indicated the nurse was scheduled for training in April 2012.

Staff #1 was hired 3-2-11 as a Certified Medication Aide on 3-2-11. Staff #2 was hired as a Universal Worker (UW) on 11-14-11. Staff #3 was hired as a UW on 4-13-11. Staff training files lacked documentation of nurse-delegated training on medications or personal cares since Staff #1, #2, and #3 began employment.

Staff #2, #3, #4, and 5 had documentation of a two-hour combined course of dependent adult abuse and child abuse. Staff training files lacked documentation of a two-hour training course on dependent adult abuse.

Regulatory Insufficiency: All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rules and laws on assisted living. As of January 1, 2011, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule. (IAC r. 481-69.29(6))

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