IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 23, 2012

Ms. Joy Meyer, Manager
River Living Center
831 South Hwy 52
Guttenberg, IA 52052

RE: Final Recertification Monitoring Evaluation Report – River Living Center, Guttenberg, IA

Dear Ms. Meyer:

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 **S0279** with effective dates of **July 14, 2012** through **July 13, 2014**.

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:

Joy Meyer, Manager
River Living Center
831 South Hwy 52
Guttenberg, IA 52052

Date of Monitoring Visit:

April 19, 2012

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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:	8
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	8
TOTAL census of Assisted Living Program	8

Tenant/Family Satisfaction Results – A community meeting was held with seven tenants. They said what they liked best about the Program was people were very nice, they didn't have to cook or wash dishes, they received help with baths, and they could sleep whenever they liked. Housekeeping services were completed to their satisfaction, the apartments were cleaned one time per week and laundry services were provided. The building and grounds were safe, clean and sanitary and maintenance issues were addressed. Nursing services were available and staff responded promptly when tenants requested assistance. The tenants received the services expected when they signed the occupancy agreement. They described the care received as good and staff treated them well. Staff knew what services to provide and was trained to provide those services. The tenants liked the food, said it was too good and enjoyed being offered a bedtime snack. There was a good variety of meats, vegetables and desserts offered. Staff served them appropriately and the hot foods were served hot and the cold foods were served cold. They did not have any complaints or suggestions regarding the food and stated they were satisfied. Plenty of activities were offered and they enjoyed games, cards, Bingo, dice, exercise class and being able to sleep. The tenants felt safe, made their own decisions, were generally satisfied with the Program and would recommend it to others. They stated they were a very satisfied group. The tenants did not provide any complaints or suggestions for improvement.

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: Three tenant files were reviewed.

Tenant #1, an 82 year old, was admitted on 7-8-08 and diagnoses include: Diabetes, Hypertension (HTN), Osteoporosis, Aortic Stenosis, Hypothyroidism, Retinopathy and Valvular Disease. Health, cognitive and functional evaluations were completed on 1-4-12 after Tenant #1 returned from a hospital stay. The Nurses Notes dated 1-4-12, stated there were no changes to the service plan. An annual service plan was completed on 4-

10-12 without the completion of a health, cognitive or functional evaluations. The annual service plan was not based on health, cognitive or functional evaluations.

Tenant #2, an 82 year old, was admitted on 6-28-09 and diagnoses include: Diabetes, HTN, Prior Cerebral Vascular Accident and Obesity. The service plan indicated medications were set up by a home health agency nurse and Tenant #2 requested staff hand the oral medications to him/her. The Manager said Tenant #2 received medication reminders. The service plan did not reflect the medication reminders. An order was received dated 3-13-12 for Betamethasone Dipropionate 0.05% external ointment, apply once daily. Nurses Notes dated 3-13-12 indicated Tenant #2 received a new order for a right abdominal fold treatment. The Nurses Notes indicated the home health agency completed the dressing change Monday, Tuesday, Wednesday and Friday. The universal worker or the Licensed Practical Nurse completed the dressing change Thursdays and on weekends. The Nurses Notes dated 3-14-12 indicated the open area to the right abdominal fold was 2 centimeters (cm) x 1 cm and superficial. The wound bed was reddish/pink with minimal granulation at wound edges and scant amount of reddish drainage. The Nurses Notes dated 3-13-12 indicated the service plan was updated. The update to the service plan was not found which reflected wound care dated 3-13-12. The March 2012 and April 2012 Treatment Administration Record indicated the treatment was completed as ordered; however, the service plan did not reflect the abdominal wound care. The service plan did not reflect the medication reminders and wound care ordered on 3-13-12. The service plan was not updated whenever changes were needed.

Regulatory Insufficiency: The 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. 481-69.26(1))

B. Medications

Monitoring Observation: A mock medication pass was observed at 10:30 a.m., as there was not a scheduled medication pass during the hours the monitors were onsite. Staff #1 demonstrated a 7:00 a.m. reminder for blood sugar testing and insulin for Tenant #2 and 7:00 a.m. medication administration for Tenant #3. Staff #1 stated she documented all medications at one time, after the noon meal. Upon completion of the mock medication pass demonstration it was observed the Medication Administration Records (MARs) for Tenant #2 and Tenant #3 did not reflect documentation of the reminders or administration of the 7:00 a.m. medications on 4-19-12. A Nurse Delegation Form for administering medications was reviewed. The protocol identified included to wash hands, select the correct dose for the day of week, check it was the correct tenant, the correct route and the correct time, according to the MAR. The form indicated to hand the medications to the tenant, monitor until taken and then initial the MAR. The Manager said documentation was expected to be completed after giving the medication. She said the protocol for medication administration expectations were as outlined on the medication delegation form. Medications and medication reminders were not documented after administration.

Regulatory Insufficiency: When medications are administered traditionally by the program: The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced nurse practitioner in Iowa or by unlicensed assistive personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6))