IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 6, 2012

Heather Johnson, Team Leader
Linden Place Assisted Living
1802 5th Avenue NW
Waverly, IA 50677

RE: Final Recertification Monitoring Evaluation Report – Linden Place Assisted Living, Waverly, IA

Dear Ms. Johnson:

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 Insufficiency, 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 **S0088** with effective dates of **July 7, 2012** through **July 6, 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:

Heather Johnson, Team Leader
Linden Place Assisted Living
1802 5th Avenue NW
Waverly, IA 50677

Date of Monitoring Visit:

June 7 & 12, 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:	26
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	26
TOTAL census of Assisted Living Program	26

Tenant/Family Satisfaction Results – A community meeting was held with nine tenants. The best thing about living at the Program was having things done for you and being at one of the best places around. Housekeeping services were completed to their satisfaction and their apartments were cleaned once a week. Deep cleaning was completed every two weeks. The buildings and grounds were safe, clean and sanitary. Nursing services were available when needed and staff responded within three to four minutes when called. They received the services expected when they signed the occupancy agreement. The tenants described staff as tops, wonderful, good, upbeat and pleasant all the time. The tenants said the food was not as good as it used to be. They received lots of hamburger and way too much food. The tenants liked having a choice of options. A comment was made that some older people couldn't chew meats easily and one tenant requested more chewable, tender meats. Sometimes hot foods were served a little bit too cool. Cold foods were served cold. The tenants stated the salad bar was not as good as they liked; it was just lettuce and relishes. The tenants requested pasta salads and other salads be added to the salad bar. For the macaroni salad the tenants would like a mayonnaise cream base instead of the dressing that was currently used. The last time barbeque was served, it was overdone, tasteless and tough. Plenty of activities were offered and the tenants received an activity calendar. The tenants felt safe, made their own decisions and would recommend the Program to others. They stated it was the next best place to being at home. One tenant asked if the Program would be willing to use tenant recipes. The tenants suggested they would like to have a nurse in the Program on the weekends.

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. Staffing

Monitoring Observation: Five staff files were reviewed.

Staff #1, #2, #3, #4 and #5 had nurse delegated training on tasks including medication reminders. Staff assisted with preparing supplies and provided supervision with blood sugar testing and insulin injections. Tenants injected the insulin and completed the finger stick for the blood sugar testing. Staff documented the assistance provided with blood sugar testing and insulin injections.

The RN Coordinator provided a written statement regarding the orientation of Resident Assistants. She indicated as part of the initial orientation the Resident Assistants viewed a video regarding medication management. The video included a section on insulin administration and taking blood sugars. Each was gone through step by step with clear instructions and demonstration of the process, according to the statement provided by the RN Coordinator.

Staff #1, a Resident Assistant, had training on diabetic tenants and sharps; however, Staff #1 did not have documented training on blood sugar testing.

Staff #3, a Resident Assistant, did not have documented nurse delegated training regarding supervision of insulin administration. Staff #3 had training on diabetic tenants and sharps; however, Staff #3 did not have documented nurse delegated training on blood sugar testing.

Staff #5, a Resident Assistant, had training on diabetic tenants and sharps; however, Staff #5 did not have documented training on blood sugar testing.

A medication pass was observed with Staff #1. Staff #1 washed her hands before entering the apartment. After entering Tenant #1's apartment, Staff #1 prepared the glucometer supplies for Tenant #1 to check his/her blood sugar. Staff #1 handed Tenant #1 an alcohol wipe to clean his/her finger. Staff #1 removed a test strip from a bottle and laid the test strip on Tenant #1's kitchen table. After Tenant #1 cleaned his/her finger, Staff #1 picked up the test strip from the table and handed it to Tenant #1 to insert into the glucometer machine to check the blood sugar level. Improper handling of the test strip was observed, lending to the contamination of the test strip by placing it on a table. Once the blood sugar results were obtained, Staff #1 documented the administration of insulin on the Medication Administration Record (MAR) and determined the number of units needed for the sliding scale insulin. Tenant #1 self administered 19 units of Novalog insulin with an insulin pen. Staff #1 obtained a bottle of Genteal Ophthalmic Solution for the administration of eye drops and documented the administration on the MAR. Staff #1 placed one drop of solution into Tenant #1's left eye and then one drop into the right eye. Staff #1 put away all supplies. No hand washing or sanitation was observed prior to the administration of eye drops.

The RN Coordinator said documentation was expected to be completed at the time the medication was prepared. Staff was trained to document one at a time as they went through the list of medications. The RN Coordinator said the expectation of

administering insulin followed by eye drops would be to wash hands between the tasks before administering eye drops.

Issues regarding contamination and sanitation were identified during the observed medication pass. Staff did not have documented nurse delegated training on all tasks including supervision of insulin administration and blood sugar testing.

Regulatory Insufficiency: Any nursing services shall be provided in accordance with Iowa Code chapter 152 and 655-Chapter 6. (IAC r. 481-67.9(5))