

TERRY E. BRANSTAD  
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS  
LT. GOVERNOR

August 22, 2012

Ms. Jean Palmer, Director  
Kentucky Ridge Assisted Living  
2060 South Kentucky Avenue  
Mason City, IA 50401

**RE: Final Recertification Monitoring Evaluation Report – Kentucky Ridge Assisted Living, Mason City, IA 50401, IA**

Dear Ms. Palmer:

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 **S0153** with effective dates of **September 6, 2012** through **September 5, 2014**.

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(515) 281-5714  
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Telephone Number for the Hearing Impaired: (515) 242-6515

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:**

Jean Palmer, Director  
Kentucky Ridge Assisted Living  
2060 South Kentucky Avenue  
Mason City, IA 50401

**Date of Monitoring Visit:**

June 12, 2012

**Monitor(s):**

Joyce Kix, RN  
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:	65
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	65
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<b>TOTAL census of Assisted Living Program</b>	<b>65</b>

**Tenant/Family Satisfaction Results** – A meeting was held with 34 tenants. The best thing about the program was the friendliness and the care received. Housekeeping was completed to the tenants’ satisfaction in both apartments and common areas. Maintenance responded to requests in a timely manner. Tenants used call buttons to request assistance. Staff members were reported to respond in less than five minutes. Staff members were described as very good and treated the tenants kindly and with respect. The food was not always good with more variety of meats, fruits, and vegetables, including fresh fruits and vegetables needed. There were enough activities offered with more variety also needed. The tenants generally felt safe at 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 monitors made observations detailed in the following areas.

**A. Service Plan**

**Monitoring Observation:** Tenant #10, an 88 year-old, was admitted on 2-2-12 and had diagnoses of: Diabetes Mellitus Type 2 with History of Low Blood Sugar, Hypertension (HTN), Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, and History of recent Falls. The functional evaluation completed prior to admission identified Tenant #10 as independent with mobility and transfers. A physician’s order was received on 2-7-12 for physical and occupational therapy for frequent falls and increased difficulty with activities of daily living (ADLs). An incident report dated 2-20-12 revealed Tenant #10 was walking in the hallway with a walker, the walker got away from Tenant #10 and Tenant #10 fell. An incident report dated 2-24-12 revealed Tenant #10 was trying to get out of bed and slid onto the floor. An incident report dated 2-26-12 revealed Tenant #10 was found on the floor between the bed and the doorway with the walker on top of Tenant #10. Nurse’s notes dated 2-27-12 revealed Tenant #10 lost balance and hit head on 2-26-12. An incident report dated 2-27-12 revealed Tenant #10 was found on the floor in the apartment. Tenant #10 reported losing balance. Tenant #10 complained of shoulder pain and was transferred to the emergency room. Nurse’s notes dated 2-27-12

revealed Tenant #10 had a fractured upper arm near the shoulder and a “small head bleed.” Tenant #10 did not return to the program.

The service plan did not identify interventions for prevention of falls for Tenant #10 admitted with a history of falls, and who was found on the floor three times between 2-20-12 and 2-26-12. A fourth episode resulted in a fractured upper arm and small head bleed. The service plan did not meet the individual needs of Tenant #10.

Tenant #11, an 84 year-old, was admitted on 5-31-11 and had diagnoses of: Senile Dementia, Weight Loss, Anemia, Lympho/Reticulosarcoma, and Macroglobulinemia. Tenant #11 scored nine of ten on the Short Portable Mental Status Questionnaire (SPMSQ) which indicated mental functioning within normal limits. The functional assessment dated 3-26-12 revealed Tenant #11 self-administered all medications. The service plan, most recently dated 4-6-12 revealed the program had been administering medications to Tenant #11 since 11-8-11. Nurse’s notes dated 11-8-11 revealed the program would administer Metoprolol, a blood pressure medication, and Tenant #11 would self-administer vitamins. Notes dated 3-29-12 revealed Tenant #11 refused to take the Metoprolol; however, the physician would not discontinue the order for it. A communication dated 4-6-12 revealed Tenant #11 had refused the Metoprolol since the middle of February 2012. Notes dated 5-21-11 revealed Tenant #11 continued to refuse the medication. In an interview with Nurse #1, she stated a managed risk agreement related to the refusal of prescribed medication had not been initiated. A review of the Medication Administration Record (MAR) for May 2012 indicated Tenant #1 was prescribed the Metoprolol and had refused it for the entire month of May.

The current service plan with a date of 4-6-12 indicated the program was to administer medications to Tenant #1. The service plan did not identify Tenant #11 self-administered some of the medications. The service plan did not identify Tenant #11 refused medications routinely or direct for staff response to Tenant #11 when refusing medications. The service plan did not meet the individual needs of Tenant #11.

Tenant #12, an 83 year old, was admitted 11-14-11 with diagnoses of: HTN, Osteoporosis, Peripheral Vascular Disease, and Glaucoma. Tenant #12 scored ten of ten on the SPMSQ which indicated mental functioning within normal limits. A facsimile to the physician dated 11-18-11 indicated Tenant #12 received a treatment to a pressure area on the mid back. A communication to the physician dated 1-24-12 indicated Tenant #12 was experiencing confusion, forgetfulness and hallucinations of people in the room that weren’t there. A communication to the physician dated 3-26-12 indicated Tenant #12 continued to see imaginary people including a young girl in the bed that took \$100. Another communication to the physician dated 3-29-12 documented Tenant #12 had increased weakness and trouble transferring with a request for physical therapy. The service plan which was updated 3-13-12 lacked any reference to pressure area treatment and lacked interventions for staff to implement in the event of hallucinations. The service plan did not meet the individual specific needs of Tenant #12.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant’s identified needs and preferences for assistance.  
(IAC r. 481-69.26(4)(a))

## B. Medications

Monitoring Observation: A medication pass was observed on 6-12-12 beginning at 11:25 a.m. During the medication pass, medication administration records (MARs) were observed to be lacking documentation of medication administration for the following:

Tenant	Medication	Date/Time with no documentation of the administration of medication
#1	Bactrim DS	6-10-12, 10 p.m.
#2	Polysaccharide Iron 150 milligrams (mg)	6-12-12, 9 a.m.
#3	Trazodone 50 mg	6-11-12, 10 p.m.
#4	Calcium/Vitamin D, Ferrous Sulfate 325 mg, Vitamin D, Tikosyn 125 micrograms, Aspirin 325 mg, Metoprolol ER 25 mg, Omeprazole 20 mg, Metamucil 1 tablespoon,	6-11-12 and 6-12-12, 9 a.m.
#5	Pantoprazole 20 mg	6-10-12, 7 a.m.
#6	Advair Diskus	6-12-12, 8 a.m.

Documentation on the MAR for Tenant #7 indicated Aspirin was not administered at 9 p.m. on 6-3, 6-4, and 6-5-12, but no reason was given for not giving the medication.

Documentation on the MAR for Tenant #8 indicated scheduled Oxycodone was not given on 6-11-12 at 8 p.m., but no reason was given for not giving the medication.

Documentation on the MAR for Tenant #9 indicated Coreg 3.125 mg was given on 6-11-12 at 5:30 p.m. but there was no documentation of a pulse rate; the medication was to be held if the pulse was below 60 beats per minute.

According to the program policy on medication administration, all medications administered will be recorded on the MAR and/or TAR.

MARs lacked documentation of administration of medications as ordered.

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))