IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 27, 2012

Ms. Christine Vasquez, Administrator
Irving Point
910 7th Street SE
Cedar Rapids, IA 52401

RE: Final Recertification Monitoring Evaluation Report – Irving Point, Cedar Rapids, IA

Dear Ms. Vasquez:

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 **S0286** with effective dates of **September 17, 2012** through **September 16, 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:

Christine Vasquez, Administrator
Irving Point
910 7th Street SE
Cedar Rapids, IA 52401

Date of Monitoring Visit:

August 1, 2012

Monitor(s):

Stephanie Cummins, MA

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:	56
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	56
TOTAL census of Assisted Living Program	56

Tenant/Family Satisfaction Results – A community meeting with 29 tenants was held. The tenants liked the people, friendships and enjoyed their apartments. There were requests to have the garbage removed more frequently, the tables cleaned more thoroughly and the carpet in the dining room and hallways cleaned. There were comments made regarding the noise level of the air conditioners in the apartments and the poor air flow in the dining room. A clarification was requested on the expectation for deep cleaning the apartments. The landscaping needed improvement and a railing was requested on the walk way to the gazebo. Nursing services were available and staff responded right away when called. The tenants estimated it took three minutes for staff to respond. They described staff as excellent and great, reported no issues with staffing and said staff was trained to provide the services needed. The tenants received enough food but the temperature of the hot foods needed improvement. The cold foods were served cold. There was a request for pizza and for less pasta, rice and chicken to be served. At times the meat was tough. They received an activity calendar and the majority of the tenants said there were enough activities. More Bingo was requested and the tenants enjoyed the shopping trips but requested a shopping trip in the afternoon be offered. They felt safe and made their own decisions. The tenants were 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: Four tenant files were reviewed.

Tenant #1, an 80 year old, was admitted on 6-4-11 and diagnoses include: Hypertension (HTN) and Type II Diabetes. Tenant #1 did not have cognitive decline, per the cognitive evaluation completed on 7-23-12.

According to a Program document on 7-15-12, staff went into Tenant #1's apartment to assist with morning medications. Tenant #1 was found on the floor in the bedroom. Tenant #1 stated he/she had been sitting there for two hours because Tenant #1 was not wearing the pendant and it was on the kitchen table. Tenant #1 complained of knee pain

but not from the fall. According to a Program document on 7-19-12, staff went into Tenant #1's apartment to assist with morning medications and discovered Tenant #1 on the floor. Tenant #1 stated he/she had fallen the night before and was not wearing the pendant. Tenant #1 did not complain of pain and was assisted up. According to the Patient Care Coordinator, there were no scheduled services Tenant #1 was to receive during the times Tenant #1 was on the floor. Tenant #1 did not yell out, was not wearing the pendant and did not have any injuries with either incident. A Managed Risk Agreement was put into place on 7-19-12. The agreement was regarding Tenant #1's choice not to wear the pendant at all times. Consequences included Tenant #1 being on the floor for several hours without assistance. The final agreement indicated staff would check that Tenant #1 was wearing the pendant with their scheduled cares and remind Tenant #1 to put it on if it was not. Tenant #1 would be discharged from the Program if another bad outcome occurred due to not wearing the pendant. The service plan did not reflect the refusal to wear the pendant and the Managed Risk Agreement regarding pendant use and refusal. The service plan did not reflect the identified needs of Tenant #1.

Tenant #1 was identified on the ALP/EGH/ADS Monitoring Entrance Form as consistently refusing personal and health related cares. Staff #1 and Staff #5 identified Tenant #1 as refusing personal and health related cares. A fax to Tenant #1's physician dated 3-25-12, indicated Tenant #1 was not taking most medications and there was not a change in condition. Staff Visit Notes documented frequent refusals of cares. The Patient Care Coordinator said Tenant #1 refused showers; however, did not have any skin or hygiene issues related to the refusals. She said Tenant #1 refused medications and the physician was aware. She said Tenant #1 did not have significant outcomes related to refusals. Tenant #1's service plan did not reflect the refusals of cares, medications, blood sugars and interventions related to the refusals. The service plan did not reflect the identified needs of Tenant #1.

According to a Notice of Change to Individualized Service Plan document, on 7-19-12 at 1:00 p.m. every two hour welfare checks and toileting checks for 24 hours was added for Tenant #1. Escorts to and from meals and activities was also added. According to a Notice of Change to Individualized Service Plan document, on 7-20-12 toileting assistance four times daily and check Tenant #1 had the pendant on with all encounters was added. According to a Notice of Change to Individualized Service Plan document, on 7-25-12 daily exercise assistance was added. Minor discretionary changes were made to the service plan regarding pendant checks, toileting assist, escorts to and from meals and activities and daily exercise was added; however, nurse reviews were not completed prior to the additions of the services to the service plan.

Tenant #2, a 94 year old, was admitted on 1-16-12 and diagnoses include: HTN, Chronic Pain and Lymphoma. According to a Notice of Change to Individualized Service Plan document, on 7-31-12 there was a service change and Tenant #2 received one drop in each eye three times a day for two weeks and then discontinue. A minor discretionary change was made to the service plan regarding eye drops; however, a nurse review was not completed prior to the addition of the service to the service plan.

Tenant #3, an 87 year old, was admitted on 5-25-12 and diagnoses include: Diabetes, HTN and Hyper Cholesterol. According to a Notice of Change to Individualized Service Plan document, on 7-28-12 there was a service change and Tenant #3 started Nebulizer

assistance four times daily. A minor discretionary change was made to the service plan regarding assistance with a Nebulizer; however, a nurse review was not completed prior to the addition of the service to the service plan.

Minor discretionary changes were made to the service plans without nurse reviews completed. The service plan did not reflect the identified needs of the tenant.

Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change but not less annually. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan. (IAC r. 481-69.26(3)(b))

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

B. Staffing

Monitoring Observation: According to the Program's Insulin Assist Procedure, there were three tenants at the Program that required insulin assistance. Two of the three tenants used the insulin pen and the third tenant had a regular insulin syringe prefilled by a Registered Nurse (RN) weekly. The aide was responsible for assisting the tenant at the appropriate time by watching the tenant dial the specified dosage according to physician order and delegated by the RN. They could assist the tenant by putting the needle on the insulin pen. The aide could also open the alcohol packet and encouraged the tenant to cleanse the selected injection site. The tenant was responsible for actually dialing the appropriate dose, cleansing the selected skin site and choosing an appropriate injection site, as well as injecting themselves and disposing of the used needle and or syringe into the appropriate container.

Six staff files were reviewed. Staff #1, #2, #3, #4, and #5 were Certified Nurse Aides. Staff #1, #2, #3, #4 and #5 did not have documented nurse delegated assistance with insulin administration. Staff #1, #2, #3, #4 and #5 had nurse delegated assistance with blood glucose assistance.

Staff #1, #2, #3, #4 and #5 did not have documented nurse delegation on dressing. The Core Skills Checklist included vitals, bathing, oral hygiene, transfer techniques and ambulation; however, did not include assistance with dressing.

Review of staff files indicated staff did not have nurse delegated training on all tasks including assistance with insulin administration and dressing.

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))