IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 29, 2012

Mr. Greg Greenwood, Administrator
Scuyler Place Assisted Living
713 Scuyler Street
Pomeroy, IA 50575

RE: Final Recertification Monitoring Evaluation Report – Scuyler Place Assisted Living, Pomeroy, IA

Dear Mr. Greenwood:

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 **S0161** with effective dates of **October 29, 2012** through **October 28, 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:

Greg Greenwood, Administrator
Scuyler Place Assisted Living
713 Scuyler Street
Pomeroy, IA 50575

Date of Monitoring Visit:

October 5, 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:	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 meeting was held with seven tenants. The tenants reported the best thing about the Program was the food, and the ability to get needed care. Housekeeping was completed to the tenants' satisfaction both in apartments and common areas. Tenants used a call button to request assistance and staff was reported to respond in 10-15 minutes. Staff members were described as "pretty good," and treated the tenants with kindness and respect. Food was described as mostly good, but not many fresh foods were served. It was reported the foods were not appropriate for the age group with too many hot dogs served. There were enough activities offered. The tenants indicated they were generally satisfied with the Program.

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, an 84 year-old, was admitted on 10-15-11 and had diagnoses of: Weight Loss, Depression, Hypertension (HTN), Hyperlipidemia, and Hypothyroidism. A functional, cognitive, and health evaluation was completed on 10-13-11. The functional assessment identified Tenant #1 as independent with all activities of daily living and self-administered medications. A Global Deterioration Scale (GDS) was completed but a cognitive screening tool was not completed prior to the completion of the GDS. The GDS staged Tenant #1 at two which indicated very mild cognitive decline. Nurse's notes documented a 30-day review on 11-16-12. The clinical record lacked documentation of the completion of a functional, cognitive, and health evaluation within 30 days of admission.

Tenant #2, a 94 year-old, was admitted on 9-1-12. The clinical record lacked documentation of diagnoses. Physician orders dated 8-31-12 documented Tenant #2 received atenolol, digoxin, furosemide, and triamterene/hctz, medications typically prescribed for cardiac or circulatory disorders. Tenant #2 was also prescribed warfarin, a blood thinner.

The nurse stated a mini-mental state examination (MMSE) form was completed prior to admission with a score of 27 of 30 correct answers however, the form was not dated. The clinical record lacked documentation of the completion of a functional and health evaluation prior to admission.

Tenant #2 had a functional and health evaluation completed on 9-4-12. A GDS form was completed on 9-11-12 and Tenant #2 was staged at two, indicating very mild cognitive decline however, Tenant #2 did not fail the MMSE reported to have been completed prior to admission.

Tenant #5, an 85 year-old, was admitted on 9-8-12. The clinical record lacked documentation of diagnoses. Tenant #5 self-administered medications and a medication list was not available. A GDS form was completed on 8-31-12 but a cognitive screening tool was not completed prior to the use of the GDS. Tenant #5 was staged at two on the GDS which indicated very mild cognitive decline. A functional and health evaluation was not completed prior to admission. On 9-14-12 a fax was sent to the physician requesting physical therapy (PT) evaluation and treatment. PT documentation included a start of care date of 9-18-12. Evaluations of function and health were not completed with the request for PT, a change of condition. The clinical record lacked documentation of any functional or health evaluation.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

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. Tenant Documents

Monitoring Observation: Tenant #2, a 94 year-old, was admitted on 9-1-12. The clinical record lacked documentation of diagnoses.

Tenant #5, an 85 year-old, was admitted on 9-8-12. The clinical record lacked documentation of diagnoses.

Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: (a) An occupancy record including the tenant's name, birth date, and home address; identification numbers; date of occupancy; name, address and telephone number of health professional(s); diagnosis; and names, addresses and telephone numbers of family members, friends or other designated people to contact in the event of illness or an emergency. (IAC r. 481-69.25(1)(a))

C. Service Plan

Monitoring Observation: Tenant #1 signed a service plan on 11-16-11. The service plan was not based on evaluations.

A communication form completed by occupational therapy (OT), dated 3-16-12, indicated Tenant #1 required staff assistance with a shower twice a week to reduce fall risk and to increase safety. Functional assessments were completed for Tenant #1 on 5-16-12 and 9-5-12. Both indicated Tenant #1 required assistance with bathing. The most recent service plan, dated and signed 11-16-11 indicated Tenant #1 was independent with bathing. The service plan did not meet the identified needs of Tenant #1.

The clinical record for Tenant #2 contained a service plan dated 9-1-12, the date of admission. Evaluations of function, cognition, and health were not completed on admission. The service plan was not based on evaluations. Evaluations of function and health were completed on 9-4-12. A cognitive evaluation was completed 9-11-12. The service plan of 10-2-12 was not based on evaluations.

The clinical record for Tenant #2 contained service plans dated 9-1-12 and 10-2-12. Neither service plan was signed by Tenant #2.

Tenant #3, a 68 year-old, was admitted on 6-13-06 and had diagnoses of: Diabetes, Schizophrenia, HTN, Hypothyroidism, and Depression. Tenant #3 was staged at two on the GDS which indicated very mild cognitive decline. The service plan for Tenant #3 was dated 3-2-11, and was not completed at least annually. The service plan was not signed by Tenant #3 or a legal representative, or the nurse. An evaluation completed 9-5-12 indicated Tenant #3 required staff assistance with bathing. The service plan did not meet the identified needs of Tenant #3.

Tenant #4, a 91 year-old, was admitted on 9-17-11 and had diagnoses of: Dementia, Depression, Gastroesophageal Reflux Disease, HTN, and Hypothyroidism. Tenant #4 was staged at three on the GDS which indicated mild cognitive decline. Staff #1 indicated during interview Tenant #4 needed reminders. During the medication pass, Staff #1 reminded Tenant #4 it was time for lunch, and the direction to the dining room. Tenant #4 required the reminders more than once during the medication pass. The most recent service plan, dated 10-20-11 indicated Tenant #4 was in the early stages of dementia, but did not interventions related to the behaviors exhibited. The service plan did not meet the identified needs of Tenant #4.

Tenant #5 had a service plan with a date of 8-31-12. The service plan was not based on evaluations. The service plan was not signed by Tenant #5. On 9-14-12 a fax was sent to the physician requesting physical therapy (PT) evaluation and treatment.

PT documentation included a start of care date of 9-18-12. The service plan did not identify PT as a service provider.

Service plans for Tenant #1, #2, #4 and #5 did not indicate a nursing facility preference.

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. 481-69.26(1))

Regulatory Insufficiency: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance; (c) The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy; and (e) Preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy. (IAC r. 481-69.26(4)(a,c,e))

D. Nurse Review

Monitoring Observation: Tenant #1 was identified as requiring bathing assistance in a note from OT on 3-16-12 and during a functional and health review dated 5-16-12. The next nurse review of health was not completed until 9-5-12. A nurse review was not completed at 90 days when the tenant required assistance with personal cares.

The clinical record for Tenant #2 contained a signed physician's order sheet with medication orders dated 8-31-12 The orders were not noted with time, date, and signature of the nurse.

Tenant #2 had an MMSE completed. According to the nurse, the form was completed prior to admission. The form lacked a time, date, and signature of the nurse.

Nurse's notes dated 9-25-12 documented by Staff #1, a universal worker (UW), indicated Tenant #2 reported not feeling well. Vital signs taken on Tenant #2 revealed a temperature of 100.2 degrees and a blood pressure of 155/98. Tenant #2 requested cough syrup. Tenant #2 ate meals in the room on 9-25-12 and was found to have had loose stool in the living room and bedroom. Nurse's notes dated 9-26-12 to 9-27-12 indicated Tenant #2 still did not feel well. Nurse's notes dated 9-28-12 indicated Tenant #2 felt better but still had a cough, and continued to eat in the apartment.

Nurse's notes 9-25-12 to 9-28-12, all documented by universal workers, indicated Tenant #2 did not feel well, had an elevated temperature and blood pressure, and a cough for which Tenant #2 requested cough syrup. Tenant #2 was taking meals in the apartment and not coming out to the dining room. A nurse review was not completed with a change of condition.

The clinical record for Tenant #3 contained a signed physician's order sheets with medication orders dated 8-15-12 and 9-5-12. The orders were not noted with time, date, and signature of the nurse.

Tenant #3 was identified as requiring program-administered medications. An evaluation of health was completed on 5-16-12 and 9-5-12. A nurse review was not completed every 90 days. The reviews did not contain documentation related to medications including monitoring for adverse reactions to the medication, ensuring the prescription orders were current and that the medications were administered consistent with the orders.

Tenant #4 received medications administered by the Program after set-up by a family member. Physician's orders for medications with dates of 7-12-12, 8-15-12 and 9-5-12 were not noted with time, date, and signature of the nurse. A nurse review dated 5-15-12 and 9-5-12. A nurse review was not completed every 90 days. The review contained a health evaluation but the review did not contain documentation related to medications including monitoring for adverse reactions to the medication, ensuring the prescription orders were current and that the medications were administered consistent with the orders.

Tenant #5 had orders from a physician for PT dated 9-14-12. The order was not noted with time, date, and signature of the nurse.

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: 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 (IAC r. 481-69.27(1))

Regulatory Insufficiency: To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program; and (IAC r. 481-69.27(2))

Regulatory Insufficiency: 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; and (IAC r. 481-69.27(3))

Regulatory Insufficiency: To provide the program with written documentation of the activities under the service plan, as set forth in rule 481—69.26(231C), showing the time, date and signature. (IAC r. 481-69.27(4))

E. Food Service

Monitoring Observation: The Program provided documentation of a food license held by the attached care center. Meals were reported to come from the care center. During interview, Staff #1 stated she served and prepared food. Breakfast was prepared in the assisted living kitchen and included eggs, French toast, pancakes, bacon, sausage, or cereals. The nurse stated breakfast was served and prepared in the assisted living kitchen including bacon and eggs. The nurse also believed the vegetables were prepared in the assisted living kitchen for all meals.

The refrigerator in the assisted living kitchen contained eggs, milk, lettuce in a dated container, juices in dated containers, eggs in a container in the door of the refrigerator, and an unopened container of liquid egg product.

Staff #1 was observed opening cans of wax beans and heating them on the stove for the noon meal. The dishwasher was observed to be running. The tables were set with non-disposable dishes. Staff #1 reported dishes were washed in the assisted living kitchen.

Iowa Code chapter 137F.4 states a food establishment requires a food license. A food establishment is defined as an operation that stores, prepares, packages, serves or otherwise provides food for human consumption.

The assisted living program was serving, preparing, and storing food. Non-disposable dishes were washed in the dishwasher in the assisted living kitchen. The assisted living kitchen did not have a food license.

Regulatory Insufficiency: Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. (IAC r. 481-69.28(6))