IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

April 3, 2013

Ms. Diana Niemeier, Executive Director
Village Ridge
365 Marion Boulevard
Marion, IA 52302

RE: Final Recertification Monitoring Evaluation Report – Village Ridge, Marion, IA

Dear Ms. Niemeier:

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 **S0026** with effective dates of **April 4, 2013** through **April 3, 2015**.

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:

Diana Niemeier, Executive Director
Village Ridge
365 Marion Boulevard
Marion, IA 52302

Date of Monitoring Visit:

March 14, 2013

Monitor(s):

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:	33
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	36
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	18
Total Population of Program at time of on-site	18
TOTAL census of Assisted Living Program	54

Tenant/Family Satisfaction Results – A community meeting was held with nine tenants. The tenants said they liked living at the Program because it was the next best place to be if you couldn't be in your own home. Housekeeping services were completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. Nursing services were available when needed and staff responded quickly when tenants asked for assistance. The tenants said staff responded within five minutes or less. They received the services they expected when they signed their occupancy agreements. The care received was described as good and staff treated the tenants wonderfully, knew what services to provide and was trained appropriately. The tenants liked the food and were served a good variety of meats, vegetables and desserts. They appreciated being able to make food choices. Plenty of activities were provided and they enjoyed playing Bingo, card games and going on outings. The tenants felt safe, made their own decisions, were generally 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. Program Policies and Procedures

Monitoring Observation: Two medication passes were observed.

Staff #1, a medication manager, started her medication pass at 11:00 a.m. Tenant #1 had an order for Small Arthritis 650 mg one tab orally three times per day and Artificial Tears, one drop to each eye, four times per day. Staff #1 unlocked the medication cart, used hand sanitizer and checked the Medication Administration Record (MARs). Staff #1 looked on the cart for a box of gloves. She opened the bottom drawer and looked into it from both sides and did not find any gloves. Staff #1 offered Tenant #1 the oral

medication and then went to Tenant #1's sink and washed her hands. Staff #1 handed Tenant #1 a tissue and administered one eye drop to each eye. Staff #1 returned to the cart and documented on the MARs.

Staff #2, a medication manager, started her medication pass at 3:00 p.m. Tenant #2 had an order for Coumadin 2 mg tab one on Thursdays, Lortab 5/500 one three times a day, Tums Chewable one daily in the afternoon and Prednisone AC 1% eye drops, one in the right eye four times a day. Staff #2 checked the MARs and then took the medications out of the medication cart. Staff #2 took gloves from the cart and placed them in her pocket. She signed out the Lortab on the narcotic count sheet. Staff #2 gave Tenant #2 the oral medications to swallow and then the chewable medication. Staff #2 retrieved gloves from her pocket and put them on. She administered the eye drop, removed the gloves and discarded them. Staff #2 documented administration of the medications on the MARs. Staff #2 used hand sanitizer and moved the medication cart down the hall to the next tenant.

According to the Program's Eye Drop Provision policy and procedure, the first step was to wash hands thoroughly with soap and water and then put on gloves. The procedure outlined each step to be taken in the administration of the eye drops. The final step was to remove and discard gloves and then wash hands.

Staff #1 completed the Competency Checklist for eye medication on 3-4-13 per nurse delegation. Staff #2 completed the Competency Checklist for eye medication on 10-7-11 and re-evaluation on 10-10-12 per nurse delegation.

Staff #1 and Staff #2 did not follow the Program's policy and procedure on Eye Drop Provision. Staff #1 did not use gloves or wash her hands after the administration of eye drops. Staff #2 did not wash her hands before putting on the gloves or after discarding the gloves.

Staff #1 and #2 did not follow the policies and procedures as established by the Program.

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. (IAC r. 481-67.2)