

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 30, 2013

Ms. Jackie Jass, RN/DON
Loft's Assisted Living
1008 2nd Avenue
Ackley, IA 50601

**RE: Final Initial Certification Monitoring Evaluation Report, Loft's Assisted Living,
Ackley, IA**

Dear Ms. Jass:

Enclosed is the **Final Initial Certification 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. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC and certification of Loft's Assisted Living will continue.

Enclosed you will find the Assisted Living Program Certificate **S0332** with effective dates of **January 3, 2013** through **January 2, 2015**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Jackie Jass, RN/DON
Lofts Assisted Living
1008 2nd Ave.
Ackley, Iowa 50601

Date of Monitoring Visit:

April 17, 2013

Monitor(s):

Maribeth Freland RN

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:	9
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	9

Tenant/Family Satisfaction Results – A community meeting was held with 2 tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend it to others.

Program History – The program had no regulatory insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

Medications

Monitoring Observation: During review of medication administration records (MARs), the monitor identified the following medication errors:

Tenant #	Medication	Physician Directions	Error
Tenant #1	Acetaminophen	325 mg 2 tabs every 6 hours as needed.	Given 3-9-13 at 6:30 p.m. with no effectiveness documented.
Tenant #1	Acetaminophen	325 mg 2 tabs every 6 hours as needed.	Given 3-10-13 at 7:30 a.m. with no reason for administration or effectiveness documented and again at 5:00 p.m. with no effectiveness documented.
Tenant #1	Acetaminophen	325 mg 2 tabs every 6 hours as needed.	Given 4-11-13 at 10:30 a.m. with no reason for administration or effectiveness documented.
Tenant #2	Artificial Tears	1 to 2 drops in each eye	Not signed as administered

	Lubricant	four times daily.	on 2-21-13 and 2-26-13 at noon.
Tenant #2	Tylenol Arthritis ER	650 mg every 6 hours as needed.	Given 4/5/13 at 12 midnight with no effectiveness documented.
Tenant #2	Tylenol Arthritis ER	650 mg every 6 hours as needed.	Given 4-8-13 at 8:00 a.m. with no reason for administration or effectiveness documented.

The program used a form that required staff members to document the date, time, reason for administration and effectiveness each time a medication was administered on an as needed basis.

Regulatory Insufficiency: When medications are administered traditionally by the program, the administration of medications shall be provided by a registered nurse, a licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6) a)