IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

May 1, 2013

Ms. Kris Ward, Acting Executive Director
Silvercrest Legacy Pointe
1020 South Scott Blvd.
Iowa City, IA 52240

RE: Final Recertification Monitoring Evaluation Report – Silvercrest Legacy Pointe, Iowa City, IA

Dear Ms. Ward:

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 **S0116** with effective dates of **May 9, 2013** through **May 8, 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:

Kris Ward, Acting Executive Director
Silvercrest Legacy Pointe
1020 South Scott Blvd.
Iowa City, IA 52240

Date of Monitoring Visit:

April 9, 2013

Monitor(s):

Stephanie Cummins, MA
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.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	52
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	59
TOTAL census of Assisted Living Program	59

Tenant/Family Satisfaction Results – A community meeting was held with 18 tenants. Housekeeping services were completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. Maintenance and laundry services were good. Nursing services were available and described as wonderful. It was reported there was a problem reaching a nurse after hours. Staff responded within five minutes when called for assistance. The care received was described as really good and tenants stated they would not be at the Program without the staff. Staff was hard working and respectful, although one tenant commented that more respect needed to be shown. Staff knew what services to provide and most were trained appropriately. Tenants liked the food, stated they received too much and would like to see a lower quantity of fat and salt in the food. There was a good variety of meats, vegetables and desserts and staff served them appropriately. Foods were served at the appropriate temperature except the hot foods at supper were not hot enough. The waitresses would reheat foods if needed. Sometimes dining staff cleared the tables before the tenants finished eating, thus, it was recommended that staff receive more training. The evening meal was served mostly by high school students, who enjoyed working with the elderly but didn't have a lot of work experience. Tenants received an activity calendar and stated there were enough activities offered. Exercise equipment on the first floor was reported as not being used and that new exercise equipment was needed. A Nu Step was requested. Tenants felt safe, made their own decisions and had recommended the Program to others. It was stated being at the Program was the next best place if one couldn't be at home. One tenant stated everyone needed to be respectful of others' needs and that would make it a better place. Sometimes the pendant system had electrical issues.

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: Six tenant files (Tenants #1, #2, #3, #4, #5 and #6) were reviewed.

Tenant #1, an 89 year old was admitted on 2-15-11 and diagnoses included: Age related Memory Loss, Coronary Artery Disease, Atrial Fibrillation, Dementia and Stroke. Tenant #1 was staged at a two on the Global Deterioration Scale (GDS), which indicated little cognitive decline. Clinical Notes dated 1-27-13 indicated on 1-26-13 it was noticed Tenant #1 appeared to have pink eye. The nurse on-call notified the physician on-call. The physician ordered antibiotic eye drops and pharmacy delivered drops later that day. The service plan reflected staff administered medications and applied creams as needed. It also reflected Tenant #1 was on Coumadin and staff was to monitor for and report any falls, bleeding or bruising to the nurse. The service plan did not reflect pink eye or when the eye drops were initiated and discontinued.

Clinical Notes indicated on 1-28-13, Tenant #1 walked by Tenant #6 in the dining room, started to yell at Tenant #6 and proceeded to slap Tenant #6 across the face. Dietary staff witnessed the incident, immediately got their supervisor who broke the two up. Tenant #1 alleged an issue with Tenant #1's spouse and Tenant #6. Tenant #1 had hourly checks and had lunch in Tenant #1's apartment. Tenant #1 was seen by Tenant #1's doctor on 1-28-13 and returned with an order to start Sertraline 50 milligrams (mg) daily take half tablet for the first four days then whole tablet for possible underlying Depression. Clinical Notes dated 1-29-13 indicated Tenant #1 was not confused about the incidents that had occurred but did not want to discuss in detail. Tenant #1 was aware Tenant #1 hit Tenant #6 and felt it was warranted but stated Tenant #1 would not do it again. Tenant #1 did not tell the doctor about the incident at the appointment as Tenant #1 did not feel it was necessary as it was not related to Tenant #1's health. The Incident Report dated 1-28-13 indicated Tenant #1 hit Tenant #6 repeatedly with a closed fist about five to six times. The Incident Report indicated there were no injuries to Tenant #1 and Tenant #6. Clinical Notes dated 4-5-13 indicated Tenant #1 did not have any negative behaviors since the incident and it appeared to be isolated. The service plan did not reflect the behavior and start of Sertraline for possible underlying Depression.

Tenant #2, a 65 year old, was admitted on 8-21-12 and had a diagnosis of Alzheimer's Disease. Tenant #2 was staged at four on the GDS, which indicated moderate cognitive decline. According to physician orders, Tenant #2 had Aquaphilic to legs twice daily a.m. shift and p.m. shift. The March 2013 Medication Administration Record (MAR) indicated staff documented Aquaphilic to legs a.m. shift and p.m. shift was completed. The service plan reflected staff administered medications. The service plan did not reflect the Aquaphilic to legs twice daily.

Review of tenant files indicated service plans did not reflect tenant identified needs and preferences for assistance.

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

B. Medications

Monitoring Observation: Six tenant files (Tenants #1, #2, #3, #4, #5 and #6) were reviewed.

During the 11:00 a.m. medication pass, Staff #1 washed her hands, gloved and completed a blood glucose test. Tenant #7's blood glucose result was 381. Per the MAR, Tenant #7 was to receive Lispro Insulin subcutaneously before meals per sliding scale three times per day at 8:00 a.m., 12:00 p.m. and 5:00 p.m. Per the sliding scale, if the blood glucose result was between 351 and 400, the dose would be 4 units. In addition, Lispro 8 units were to be given subcutaneously three times a day at 8:00 a.m., 12:00 p.m. and 5:00 p.m. Staff #1 directed Tenant #7 to dial 11 units of Lispro insulin on the insulin pen and self-administer. The monitor noted that 4 units of sliding scale and 8 units of scheduled insulin totaled 12 units, not 11 units. Staff #1 put away all supplies, locked the medication cabinet, used hand sanitizer and documented administration of the medication. The monitor notified the Director of Nursing (DON) of the medication error and Staff #1 returned to Tenant #7's apartment and prepared an additional one unit of insulin. Thus, the correct dose of insulin was administered prior to the meal.

The Program's PRN Medication Policy and Procedure indicated it was the policy of the Program to administer as needed medications to tenants with appropriate as needed orders, documentation and evaluation. Staff gave the as needed medication using the appropriate procedure and documentation on the medication sheet with the exact time given and reason. Staff documented after waiting at least one hour, the effectiveness of the as needed medication by asking or observing the tenant.

The DON provided documentation of training on as needed medication follow up with six staff dated 4-5-13 and 4-8-13. The document indicated any as needed medication given required a documented follow up one hour after administration. Staff documented the follow up and immediately notified the nurse of any ineffective as needed medication results.

The table below represents lack of documented results for as needed medications.

TENANT	MEDICATION	DATE AND TIME PROVIDED IN DOCUMENTATION
Tenant #1	Acetaminophen 325 mg tablet take two tablets by mouth every four hours as needed for pain	2-13-13 at 2:31 p.m. given for aching head. On 2-14-13 at 8:04 a.m. the documentation indicated result/follow up effective
Tenant #1	Acetaminophen 325 mg tablet take two tablets by mouth every four hours as needed for pain	2-15-13 at 2:00 p.m. given for mild aching back.; no documentation regarding the effectiveness of the medication
Tenant #1	Acetaminophen 325 mg tablet take two tablets by mouth every four hours as needed for pain	2-26-13 at 12:51 a.m. given for pain/discomfort; no documentation regarding the effectiveness of the medication
Tenant #1	Acetaminophen 325 mg tablet take two tablets by mouth every four hours as	3-26-13 at 1:26 p.m. given for pain in back. On 3-27-13 at 8:45 a.m. the

	needed	documentation indicated effective
Tenant #3	Acetaminophen 325 mg tablet two tablets by mouth every six hours as needed at night not exceed 4000 mg in 24 hours	2-3-13 at 5:46 a.m. given for pain; no documentation regarding the effectiveness of the medication
Tenant #3	Colace 100 mg by mouth twice daily as needed	2-25-13 at 1:50 a.m. given for constipation; no documentation regarding the effectiveness of the medication
Tenant #3	Ativan 0.25 mg by mouth twice daily as needed	3-17-13 5:20 p.m. given for feeling anxious; no documentation regarding the effectiveness of the medication

Review of a medication pass and tenant files indicated medication protocol was not followed regarding the administration and documentation of medications.

Regulatory Insufficiency: When medications are administered traditionally by the program: 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))