IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 30, 2013

Ms. Christine Smith, RN Administrator
Lutheran Home Apartments
1413 2nd Avenue
Vinton, IA 52349

RE: Final Recertification Monitoring Evaluation Report – Lutheran Home Apartments, Vinton, IA

Dear Ms. Smith:

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 **S0034** with effective dates of **April 17, 2013** through **April 16, 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:

Christine Smith, RN Administrator
Lutheran Home Apartments
1413 2nd Avenue
Vinton, IA 52349

Date of Monitoring Visit:

April 3, 2013

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:	15
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	17
TOTAL census of Assisted Living Program	17

Tenant/Family Satisfaction Results – A community meeting with nine tenants was held. Housekeeping services were completed to their satisfaction and the building and grounds were safe, clean and sanitary. The tenants were pleased with laundry, housekeeping and maintenance services. Nursing services were available and staff responded very quickly when the tenants requested assistance. The tenants described staff as good and said staff went above and beyond. Staff responded quickly and came running when they were requested. Staff knew what services to provide and was trained to provide those services. The tenants offered no complaints regarding staff. The food was described as good and staff served them appropriately. A variety of meats, vegetables and desserts was provided. The temperature of the food was appropriate; however, the food at the evening meal could be warmer. There were enough activities offered and activity staff was open to suggestions for activities. The tenants received a schedule of activities and enjoyed playing Bingo, music, exercises. Tenants could participate in activities at the Program and at the attached nursing facility. The tenants voiced comments regarding wanting to know if a fellow tenant was sent out to the hospital and also requested transportation to visitations for fellow tenants. The tenants felt very safe and made their own decisions. The tenants were satisfied living at the Program and would recommend it to other people.

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 83 year old, was admitted on 8-18-09 and had a diagnosis of: Diabetes Mellitus. According to the Medication Administration Record (MAR) staff provided reminders for a Novolog Flex Pen. The service plan reflected staff was to remind and/or assist Tenant #1 with checking fasting blood sugar twice daily. The service plan did not reflect the Novolog Flex Pen.

Tenant #2, an 84 year old, was admitted on 2-17-12 and diagnoses included: Weakness, Hypertension (HTN) and Depression. Tenant #2 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Tenant #2 had an order for Nitroglycerin Sublingual Tablet 0.4 milligrams (mg), take one tablet every five minutes, three times as needed for chest pain. The service plan did not reflect the Nitroglycerin.

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: Four tenant files were reviewed.

Four tenant files were reviewed. The table below represents lack of documented results for as needed medications and a medication not documented as administered.

TENANT	MEDICATION	DOCUMENTATION ON MAR
Tenant #2	Tylenol two tablets (650) mg by mouth every four to six hours as needed	Documented as administered on 1-28-13 at 11:00 a.m.; the reason and the effectiveness of the medication was not recorded
Tenant #2	Tylenol two tablets (650) mg by mouth every four to six hours as needed	Documented as administered on 1-30-13 at 6:00 p.m.; the reason and effectiveness of the medication was not recorded
Tenant #2	Tylenol two tablets (650) mg by mouth every four to six hours as needed	Documented as administered on 2-9-13 at 10:30 a.m.; the reason and effectiveness of the medication was not recorded
Tenant #3	Tylenol 160 mg/ml two tsp=325 mg four tsp every four to six hours as needed for pain	Documented as administered on 2-19-13 at 12:45 p.m.; the reason and effectiveness of the medication was not recorded
Tenant #3	Tylenol 160 mg/ml two tsp=325 mg four tsp every four to six hours as needed for pain	Documented as administered on 2-20-13 at 11:00 a.m. and 6:30 p.m.; the reason and effectiveness of the medication was not recorded
Tenant #3	Tylenol 160 mg/ml two tsp=325 mg four tsp every four to six hours as needed for pain	Documented as administered on 2-21-13 at 12:00 p.m.; the reason and effectiveness of the medication was not recorded

Tenant #3	Ciprofloxacin 250 mg one tablet by mouth twice daily for 10 days (started on 2-20-13 a.m. dose and last dose p.m. on 3-1-13)	3-1-13 a.m. and p.m. doses were not documented as administered

Tenant #3, a 71 year old, was admitted on 3-6-08 and diagnoses included: Cerebral Palsy and HTN.

The Registered Nurse/Administrator indicated Tenant #3 had an order on 2-14-13 for Ditropan 5 mg three times daily as needed for bladder spasms and Tenant #3 was independently taking medications at that time. Tenant #3 was not taking medication correctly and had lots of pain and spasms. Tenant #3 was seen by the doctor on 2-18-13 and the doctor scheduled the Ditropan three times daily for spasms. In the week of 2-27-13 Tenant #3 saw another doctor and got an order on 2-28-13 to decrease the Ditropan 5 mg to three times daily as needed. Tenant #3 had not complained of pain or spasms and did not want to take the Ditropan since Tenant #3 did not need it.

There was an order for Ditropan 5 mg three times daily as needed by mouth for bladder spams, signed by the doctor on 2-15-13. An order was found for Ditropan 5 mg by mouth three times daily, signed by the doctor on 2-21-13. A Physician Verbal Orders form dated 2-28-13 indicated Ditropan 5 mg by mouth as needed three times daily for bladder spasms was ordered. The order was not signed by a doctor. The fax cover sheet was dated 3-1-13 and it was noted it was faxed again on 4-3-13.

Review of February 2013 and March 2013 MARs did not reflect the order Ditropan 5 mg by mouth as needed daily or the order for the Ditropan 5 mg three times daily.

Review of tenant files indicated medications were not documented, including the reason and effectiveness of as needed medications. Medication orders were not on the MARs.

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))

C. Food Service

Monitoring Observation: The Program's kitchen did not have a food license. A continental breakfast was provided at the Program and the noon and evening meals were prepared in the attached nursing facility kitchen and brought to the Program. Menus were provided and were signed by a dietician.

The kitchen had a commercial dishwasher and a refrigerator/freezer. The kitchen did not have a stove or oven. An observation of the noon meal was completed. Appropriate sanitation was observed during the serving of the meal. The environment in the dining room was pleasant. The dining room and kitchen appeared clean.

A community meeting with nine tenants was held. The food was described as good and staff served them appropriately. A variety of meats, vegetables and desserts was provided. The temperature of the food was appropriate; however, the food at the evening meal could be warmer.

Observation of the refrigerator indicated there were various food items including: mustard and ketchup bottles, salad dressings, barbeque sauce, gallons of milk, juices, eggs, cheese, cottage cheese, cool whip, creamer, parmesan cheese and relish. An Insulin Flex Pen and Tubersol were also found in the refrigerator. Observation of the freezer indicated there were various items including: shredded cheese, cinnamon rolls, garlic bread, bread and ground beef patties.

The Program documented temperatures of the refrigerator and freezer in the a.m. and p.m. The Program documented temperatures of the meat, potatoes/casserole/rice and vegetables served. The Program maintained temperatures and monitored the chemicals in the dishwasher. The checks for March 2013 were consistently completed.

Staff #1, #2 and #3 had food safety and sanitation training.

Review of the Program's kitchen indicated there were items stored that extended beyond the parameters that needed to be followed to avoid licensure as a food establishment.

Regulatory Insufficiency: Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local 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))