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

May 14, 2013

Mr. Gary Larew, Manager
Martina Place Assisted Living
5815 Winwood Drive
Johnston, IA 50131

RE: Final Recertification Monitoring Evaluation Report – Martina Place Assisted Living, Johnston, IA

Dear Mr. Larew:

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 **S0002** with effective dates of **June 1, 2013** through **May 31, 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:

Gary Larew, Manager
Martina Place Assisted Living
5815 Winwood Dr.
Johnston, Iowa 50131

Date of Monitoring Visit:

April 23, 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.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	47
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	53
TOTAL census of Assisted Living Program	53

Tenant/Family Satisfaction Results – A community meeting was held with 17 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.

A. Service Plan

Monitoring Observation: The program registered nurse reported when outside agencies such as hospice or home health agencies provided services to program tenants, the services were to be identified on the service plan.

Tenant #1, an 88 year old, was admitted to the program on 1/21/13 with diagnoses of Dementia, Anxiety and Postural Hypotension. Tenant #1 scored a 5 on the Global Deterioration Scale (GDS) completed on 4/1/13, indicating moderately severe cognitive decline. Tenant #1's clinical record included physical therapy documentation dated 3-23-13 to 4-8-13. The program registered nurse completed a service plan, dated 3-13-13 and updated the service plan on 4-1-13 indicating no changes. The service plan lacked any mention of the home health agency providing the services and lacked identification of what needs the physical therapist met for Tenant #1.

Tenant #7, a 79 year old, was admitted to the program on 2/4/13 with diagnoses of Chronic Obstructive Pulmonary Disease, Diabetes and Stage 4 Breast Cancer. Tenant #7 answered all questions correctly on the program's cognitive ability test, completed on 4-3-13, indicating no cognitive impairment. Tenant #7's clinical record indicated a local home health agency provided skilled nursing services beginning on 2-8-13, occupational therapy services beginning on 2-12-13, physical therapy services on 2-14-13 and home health aide services. The service plans, dated 2-4-13, 3-5-13 and 4-3-13 lacked any mention of the home health agency providing the services and lacked identification of

what needs the skilled nurse, the occupational therapist, the physical therapist and the home health aide met for Tenant #7.

Tenant #8, an 83 year old, was admitted to the program on 3/28/05 with diagnoses of Lumbar Disc Disease resulting in chronic back pain, Recurrent Deep Vein Thrombosis, Hypertension and Diabetes. Tenant #8 answered all questions correctly on the program's cognitive ability test, indicating no cognitive impairment. Tenant #8's clinical record included physical therapy documentation dated 3-19-13 to present. The program registered nurse completed a service plan, dated 4-5-13. The service plan lacked any mention of the home health agency providing the services and lacked identification of what needs the physical therapist met for Tenant #8.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate 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. (IAC r. 481-69.26(4)c)

B. Dementia-Specific Education for Program Personnel

Monitoring Observation: Tenants #2, #3, #4 and #5 were admitted to the program prior to 2013, currently resided at the program and had Global Deterioration Scale (GDS) scores of 4 or greater. The program admitted Tenant #1, who scored a 5 on the GDS, on 1-21-13 and Tenant #6, who scored a 5 on the GDS, on 2-25-13. After Tenant #6's admission, the program had six tenants who scored 4 or greater on the GDS making the program dementia-specific by definition. As of 2-25-13, the program was required by regulation to have all employees receive a minimum of eight hours of dementia education within 30 days of becoming dementia-specific and/or within 30 days of hire for new employees.

The Director of Operations reported all new employees complete 8 hours of dementia training during orientation. The program required all direct care staff members to complete two hours of dementia training annually thereafter. The program did not require other staff members, such as housekeepers, dietary workers and maintenance workers to complete any further dementia training.

The monitor reviewed the personnel files of Staff #1, #2, #3, #4, #5, #6 and #7. The personnel files of Staff #2, #6 and #7, all hired in 2012 or 2013, contained documentation 8 hours of dementia training completed in 2012 or 2013.

Staff #1, a housekeeper, was hired by the program on 5-12-98 and currently worked for the program. Staff #1's file lacked documentation of any dementia-specific education during 2012 and 2013.

Staff #3, a resident associate, was hired by the program on 8-25-05 and currently cared for program tenants. Staff #3's file lacked documentation of any dementia-specific education during 2013 and contained documentation of two hours of dementia-specific education during 2012.

Staff #4, a resident associate, was hired by the program on 7-26-10 and currently cared for program tenants. Staff #4's file lacked documentation of any dementia-specific

education during 2013 and contained documentation of two hours of dementia-specific education during 2012.

Staff #5, a maintenance worker, was hired by the program on 8-22-11 and currently worked for the program. Staff #5's file lacked documentation of any dementia-specific education during 2012 and 2013.

During interview, the program registered nurse reported she had not realized the program had six tenants with a GDS score of 4 or above making the program dementia-specific by definition until 4-15-13. The nurse made an action plan to have all staff members receive 8 hours of dementia-specific education completed by June 30, 2013. The nurse verified none of the employees requiring the additional six hours of dementia-specific education had begun the education.

Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))