IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

June 5, 2013

Ms. Sandra Reuter, Administrator
Bavarian Meadows Assisted Living
632 L-14
Remsen, IA 51050

RE: Final Recertification Monitoring Evaluation Report – Bavarian Meadows Assisted Living, Remsen, IA

Dear Ms. Reuter:

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 **S0293** with effective dates of **May 18, 2013** through **May 17, 2015**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Bavarian Meadows Assisted Living
Sandra Reuter, Administrator
632 L-14
Remsen, IA 51050

Date of Monitoring Visit:

April 22, 2013

Monitor(s):

Lori Miner, RN, BSN
Joyce Kix, 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:	19
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	21
TOTAL census of Assisted Living Program	21

Tenant/Family Satisfaction Results – A community meeting was held with nine tenants. They reported the program staff members were friendly and respectful. The nursing services were great with quick response to calls. The tenants loved the food and enjoyed plenty of activities. They felt safe at the program and would recommend it to others.

Program History – There were no regulatory insufficiencies identified during the past certification period.

On-Site Monitoring Evaluation – The monitors made observations detailed in the following areas.

A. Nurse Review

Monitoring Observation: Tenant #1, an 89 year old, was admitted 8-10-10 with a diagnosis of Hypertension (HTN). Tenant #1 received medication administration from the program staff. The clinical record contained a nurse review dated 8-29-12 and not again until 2-22-13 which exceeded the time-frame of the required nurse review every 90 days of health and medication.

Tenant #3, an 86 year old, was admitted 8-25-12 with diagnoses of: Diabetes, Bilateral Total Knee Replacements, Heart Stints, and Pacemaker Placement. Tenant #3 received medication assistance by staff reminders to take medications. The clinical record lacked evidence of completion of the required nurse review of medications and side effects on the review completed 12-24-12.

Regulatory Insufficiency: If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))

B. Evaluation of Tenant

Monitoring Observation: Tenant #1's clinical record contained a Physical Assessment Form completed 3-25-13 after Tenant #1 returned from a hospital stay. A cognitive assessment (Short Portable Mental Status Questionaire SPMSQ) completed 3-25-13 indicated a score of five errors. The SPMSQ documented a score between five and seven errors as moderate intellectual decline. The Registered Nurse (RN) Manager stated she was aware that a Global Deterioration Scale was triggered to be completed with a score of five to six errors on the SPMSQ, however; did not complete a GDS to indicate the specific categories but documented Tenant #1 with a GDS of "4" indicating moderate cognitive decline.

Tenant #2, an 80 year old, was admitted 5-4-13 with diagnoses of: Dementia, Macular Degeneration, Migraines, HTN, Hyperlipidemia, and Depression. The SPMSQ completed 6-3-12 indicated a score of six errors. The SPMSQ documented a score between five and seven errors as moderate intellectual decline. The RN Manager stated she was aware that a Global Deterioration Scale was triggered to be completed with a score of five to six errors on the SPMSQ, however; did not complete a GDS.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive, and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the needed services are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the evaluation indicated moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

C. Service Plan

Monitoring Observation: The functional evaluation for Tenant #3 completed 12-10-12 documented Tenant #3 should have staff walk with him/her in the hall and indicated Tenant #3 was able to wash hands and face only requiring staff assistance with the rest of the task of bathing. The service plan dated 12-10-12 documented Tenant #3 needed only standby assistance with bathing and walked independently with a walker. The service plan did not identify specific interventions to meet the needs of Tenant #3 based on the evaluation.

Tenant #4, an 86 year old, was admitted 10-2-12 with diagnoses of: HTN, Thyroid Disease and Hiatal Hernia. The functional evaluation completed 11-2-12 documented Tenant #4 could self-administer medications. The service plan dated 11-2-12 indicated the program provided medication administration. The service plan was not based on the evaluation and the clinical record lacked documentation of the reason for the deviation from the tenant's abilities to what the program planned for services.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))

D. Medications

Monitoring Observation: During review of clinical records and observation of medication administration the following problems were identified:

1. The Medication Administration Record (MAR) for Tenant #2 was blank for the date of 2-4, 2-17-13 and 4-15-13 for Fluticasone nose drops and the MAR lacked documentation regarding why the medication had not been administered.
2. The MAR for Tenant #2 documented only Fluticasone nose drops and failed to include the dosage and frequency the medication was to be administered.
3. The MAR for Tenant #2 contained an entry for administration of eye-drops. The entry failed to include the name of the medication, the dosage or the frequency the medication was to be administered.
4. The MAR for Tenant #3 was blank for the administration of noon medications for 4-8, 13, 14, 16, 17, 18, 19, and 20-2013. The MAR lacked documentation regarding why the medications were not administered as ordered.
5. The MAR for Tenant #4 was blank for the administration of p.m. medications on 4-2, 5, 6, 7, 9, 10, 12, 13, 16, 19, 20 and 21-2-13. The Mar lacked documentation regarding why the medications were not administered as ordered.
6. During observation of medication administration on 4-22-13 at 1:05 p.m., Staff #1 administered one pill to Tenant #5. Staff #1 attempted to sign for the medication administration on the MAR and found that there had been no documentation of administration for noon medications for the entire month of April because there was no order transcribed on the MAR for the noon medication.

   The program failed to accurately transcribe orders onto the MAR as written by the physician and failed to accurately document the administration of medications.

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)

E. Food Service

Monitoring Observation: Upon entrance on 4-22-13, the program provided documentation of the menu cycle for a four week period for three meals a day. Staff #2, food service supervisor stated the menus had not been reviewed or signed by a dietitian and he was not aware if the menus provided 100% of the daily nutritional requirements. The menus had been in place when he took the position and he had adjusted them. The program is in the process of obtaining menus already approved through a food vender.

Regulatory Insufficiency: Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: (c) One hundred percent if the program provides three meals per day. (IAC r. 481-69.28(3)(c))