IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

May 8, 2013

Mr. Clifford Hagman, Executive Director
Homestead Assisted Living
2501 West State Street
Mason City, IA 50401

RE: Final Recertification Monitoring Evaluation Report – Homestead Assisted Living, Mason City, IA

Dear Mr. Hagman:

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 **S0045** with effective dates of **May 27, 2013** through **May 26, 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:

Clifford Hagman, Executive Director
Homestead Assisted Living
2501 West State St.
Mason City, IA 50401

Date of Monitoring Visit:

April 8, 2013

Monitor(s):

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:	33
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	35
TOTAL census of Assisted Living Program	35

Tenant/Family Satisfaction Results – A community meeting was held with 20 tenants. They reported the program staff members were friendly and respectful. The nursing services were great with quick response to calls but since the medication distribution process had been changed, medications were late at times. There were concerns mentioned regarding the quality of meat and vegetables and some felt the food was not always served hot. The tenants enjoyed activities but also felt there could be more selections offered especially on the weekends. 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 monitor made observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, a 90 year old, was admitted 4-28-12 with diagnoses of: Coronary Artery Disease, Congestive Heart Failure, Spinal Stenosis, Anxiety and Depression. A fax from the Registered Nurse (RN) to the physician dated 4-30-12 documented that the Administrator had this person move into the program 4-28-12 and the nurse did not have physician's orders, history and physical and no medical record of any kind. The clinical record lacked evidence of completion of cognitive, health and functional evaluation prior to admission or at the required 30 days after occupancy.

Tenant #2, an 85 year old, was admitted 10-17-12 with diagnoses of: Diabetes, Atrial Fibrillation, Glaucoma and Hypertension (HTN). The clinical record lacked evidence of completion of cognitive, health and functional evaluations prior to admission and after 30 days of occupancy. The Nurse's Notes dated 3-25-13 documented Tenant #2 choked on food during lunch and was sent to the emergency room where food was removed from his/her esophagus. The clinical record for Tenant #2 included a physician's order dated 3-26-13 for a soft diet due to a stricture of the esophagus. The clinical record lacked evidence of completion of functional, cognitive and health assessment with the significant change in health status.

Tenant #3, a 79 year old, was admitted 7-2-12 with no specific diagnoses listed. The Tenant Service Progress Note dated 2-27-13 documented Tenant #3 had been discharged from the hospital after replacement of a pacemaker. The note indicated Tenant #3 needed assistance with dressing, bathing and transportation with a wheelchair to and from meals. The clinical record lacked evidence of completion of functional, cognitive and health evaluations with the change in health status.

At 3:00 p.m. on 4-8-13, the RN stated they were unable to find any additional information or documentation.

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))

A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation with the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: Tenant #1 scored six on the Global Deterioration Scale (GDS) dated 3-13-13 which indicated severe cognitive decline. The service plan did not identify a nursing facility preference.

The clinical record for Tenant #2 included a physician's order dated 3-26-13 for a soft diet due to a stricture of the esophagus. The service plan dated 4-4-13 lacked inclusion of interventions for the soft diet restriction.

The Tenant Service Progress Note dated 2-27-13 documented Tenant #3 had been discharged from the hospital after replacement of a pacemaker. The note indicated Tenant #3 needed assistance with dressing, bathing and transportation with a wheelchair to and from meals. The clinical record lacked evidence of completion of functional, cognitive and health evaluations with the change in health status to include specific interventions to meet the current needs of the tenant.

Tenant #4, a 102 year old, was admitted on 9-28-11 with diagnoses of: Heart Disease, Congestive Heart Failure, HTN, Hyperlipidemia, and History of Prostate Cancer. The service plan did not identify a nursing facility preference.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with sub-rules 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))

Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))

When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. (IAC r. 481-69.26(3))

The service plan shall be individualized and shall indicate, at a minimum: Preferences, if any, of the tenant or the tenant's legal representative for the nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy. (IAC r. 481-69.26(4) e.)

C. Tenant Documents

Monitoring Observation: Tenant #5, a 97 year old, was admitted 6-3-06 with a diagnosis of Legal Blindness. A Nurse's Note dated 3-31-13 documented Tenant #5 became non-responsive during a shower and was lowered to the floor by staff. The program RN stated that another nurse had made that entry and she had not been aware of the incident and therefore there was no incident report completed.

The Nurse's Notes dated 3-25-13 documented Tenant #2 choked on food during lunch and was sent to the emergency room where food was removed from his/her esophagus. The program was unable to produce an incident report regarding this incident.

Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: (i) when any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception; and (o) incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record). (IAC r. 481.69.25(1)i and o.)

D. Food Service

Monitoring Observation: The clinical record for Tenant #2 included a physician's order dated 3-26-13 for a soft diet due to a stricture of the esophagus. During observation of noon meal delivery on 4-8-13, Tenant #2 was served whole sliced beets. The tenant reported that he/she tried to eat them but was too hard to swallow. The cook reported that Tenant #2 did not like Brussels sprouts so she served Tenant #2 the beets instead. The cook was able to provide a copy of the simplified diet manual but was not clear on preparation of soft diets or soft food substitutions.

Regulatory Insufficiency: Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by the Iowa Dietetic Association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing the procedures for food preparation and service for therapeutic diets. (IAC r. 481-69.28(4))