IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

June 28, 2013

Ms. Jeane Arnette, RN Program Director
Valley View Manor
2423 Lutheran Drive
Muscatine, IA 52761

RE: Final Recertification Monitoring Evaluation Report – Valley View Manor, Muscatine, IA

Dear Ms. Arnette:

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 **S0121** with effective dates of **August 8, 2013** through **August 7, 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:

Jeane Arnette, RN Program Director Assisted Living
Valley View Manor
2423 Lutheran Drive
Muscatine, IA 52761

Date of Monitoring Visit:

June 4, 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:	14
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	14
TOTAL census of Assisted Living Program	14

Tenant/Family Satisfaction Results – A community meeting was held with 13 tenants and 2 family members. The tenants said housekeeping services were completed to their satisfaction and there were no issues with laundry. They said at times it took a couple of days to get maintenance issues resolved. There was a request for lighting in the closets. Nursing services were available and staff responded within 5 to 10 minutes when tenants requested assistance. One tenant reported staff responded quickly even if the pendant was activated accidentally. They were getting the services expected when the occupancy agreement was signed. They described staff as wonderful, good and great. Staff knew what services to provide and was trained to provide those services. The tenants liked the food, the cold items were served cold; however, the hot foods could be warmer. At times the vegetables were overcooked and uncooked; however, the carrots had improved. The evening meal needed improvement. There were enough activities offered and they received a calendar of activities. There was a request for an additional day of Bingo. The tenants felt safe and made their own decisions. They were satisfied with the Program and would recommend it to others. They enjoyed having nice people to talk with and the size of the apartments.

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 84 year old, was admitted on 10-22-12 and diagnoses included: Hypertension (HTN), Constipation, Esophagitis, Depressive Disorder, Postherpetic Polyneuropathy and Anemia. Progress Notes dated 5-21-13 indicated Amoxicillin 875 milligram (mg) by mouth twice daily was ordered for a Urinary Tract Infection (UTI). On 5-22-13 a new order for Ciprofloxacin 500 mg by mouth twice daily for 10 days was ordered. The service plan was updated on 5-21-13 and indicated Tenant #1 was diagnosed with a UTI with antibiotic therapy. The service plan was not updated with the completion of antibiotic therapy. The service plan did not reflect the identified needs of Tenant #1.

Tenant #2, a 90 year old, was admitted on 11-2-10 and diagnoses included: Lumbago, Osteoarthrosis, Esophageal Reflux, Atherosclerosis, Chronic Pain, Depressive Disorder, Macular Degeneration of Retina and Hyperlipidemia. According to physician orders, Fentanyl 12 microgram apply one patch topically every 72 hours and Nitroglycerin 0.4 mg sublingual take one tablet under tongue every five minutes for up to three doses as needed for chest pain were ordered. The service plan did not reflect the Fentanyl patch and Nitroglycerin. According to Progress Notes on 4-5-13, an order was received for occupational therapy (OT) and physical therapy (PT). The service plan did not reflect the initiation or discontinuation of OT or PT. The service plan did not reflect the identified needs of Tenant #2.

Review of tenant files indicated the service plans did not reflect the identified needs of the tenants.

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.

Tenant #2's file was reviewed. The May Treatment Administration Record (TAR) indicated there was an order for ice pack use 20 minutes on and 20 minutes off as needed for back pain. The ice pack was used over 40 times in the month May 2013. The reason for the as needed treatment and the response or follow-up of the treatment was not recorded when the ice pack was used. The effectiveness of an as needed treatment was not documented when the treatment was completed.

Tenant #3, a 64 year old, was admitted on 7-2-08 and diagnoses included: Depression, Diabetes Mellitus, HTN and Syncope. According to a doctor's order dated 3-4-13, Tenant #3 had decay in all anterior teeth. Oral hygiene was reviewed with Tenant #3, brushing (spin brush, go between brush and regular brush) and it was requested Tenant #3 do it at least once per day. The service plan indicated on 4-11-13 the dentist requested staff to remind and encourage Tenant #3 to brush lower teeth. Progress Notes dated 4-12-13 Tenant #3 had a dentist appointment and the dentist ordered staff to work with Tenant #3 on brushing lower teeth and tissue. Staff would continue to monitor Tenant #3 with reminders. The order for the reminders for oral care was not on the TAR.

Review of tenant files indicated documentation of the effectiveness of an as needed treatment was not completed and a doctor's order for a treatment was not documented when completed.

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)(a))