IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

September 30, 2013

Mr. Derrick Johnson, Administrator
Spring Valley Assisted Living
501 12th Street
Perry, IA 50220

**RE: Final Recertification Monitoring Evaluation Report – Spring Valley Assisted Living, Perry, IA**

Dear Mr. Johnson:

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 **S0129** with effective dates of **November 20, 2013** through **November 19, 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:**

Derrick Johnson, Administrator
Spring Valley Senior Assisted Living
501 12th Street
Perry, IA 50220

**Date of Monitoring Visit:**

August 1, 2013

**Monitor(s):**

Hal L. Chase, RN BSN MPH

**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: | 38 |
| Number of tenants with cognitive disorder: | 0 |
| Total Population of Program at time of on-site | 38 |

| **Dementia-Specific Program by Dedication** | |
|---|---|
| Number of tenants without cognitive disorder: | 0 |
| Number of tenants with cognitive disorder: | 4 |
| Total Population of Program at time of on-site | 4 |
| **TOTAL census of Assisted Living Program** | 42 |

**Tenant/Family Satisfaction Results** – A community meeting was held with 35 tenants in attendance. Tenants reported they liked living at the Program. Housekeeping was completed to their satisfaction and the building and grounds were clean, safe and sanitary. Nursing services were available and staff responded to calls for assistance within 10 minutes. Staff knew what services to provide, were adequately trained and treated tenants with respect and dignity. Food was good with a variety of meats, vegetables and deserts offered throughout the week. There were enough activities offered throughout the day and week. Tenants reported they felt safe, made their own decisions and were generally satisfied with the Program and would recommend the Program to anyone.

**Program History** – During the course of the Recertification visit conducted on 8-1-13, the program received regulatory insufficiencies in the areas of: Evaluation, Service Plan, Nurse Review and Criteria for Admission and Retention.

**A. Evaluation of Tenant**

Monitoring Observation: Five tenant files were reviewed. No issues were found related to evaluations for Tenants #3 and #4.

Tenant #1, a 63 year old, was admitted on 4-8-13 and had a diagnosis of Dementia. A Global Deterioration Scale was completed on 5-4-13 and staged Tenant #1 at five, which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia unit.

Functional, cognitive and health evaluations were completed on 4-8-13 and 5-4-13. Functional and health evaluations of 5-4-13 indicated Tenant #1 needed assistance with activities of daily living (ADLs), including cueing for bathing and toileting, medication administration and was appropriate for the dementia unit and no mood or behavior patterns were noted. The cognitive evaluation of 5-4-13 did not identify any agitation or combative behaviors.

Nursing narrative notes of 4-10-13 through 8-1-13 indicated the following:

4-10-13 - Tenant #1 was agitated and combative when staff attempted to shower.
4-23-13 - Staff attempted numerous times to assist with showering, but Tenant #1 refused and became agitated.
4-25-13 - Staff attempted several times to assist with a shower, but Tenant #1 refused.
4-29-13 - Staff attempted to administer afternoon medications, but Tenant #1 spat them out and then drank the glass of water.
4-30-13 - Staff attempted to remove a jacket Tenant #1 was wearing for blood work and Tenant #1 became agitated and combative; slapping, punching and kicking staff.
5-6-13 - Staff attempted to assist with a shower and Tenant #1 became agitated and slapped staff on the hand.
5-24-13 - Tenant #1 became "very" combative when staff attempted to change clothing.
6-7-13 - Tenant #1 was combative, hit and pinched staff when staff assisted Tenant #1 to bed.

7-16-13 through 8-1-13 – indicated at least nine incidents of Tenant #1 being incontinent of stool and urine.

A nurse progress note (nurse review) of 7-25-13 indicated Tenant #1 was incontinent of urine, with occasional incontinence on the floor and wore an incontinent undergarment, but redirected well when taken to the bathroom. Progress notes of the same entry indicated Tenant #1's family was seeking placement to another facility due to Tenant #1's incontinence.

Staff #2 and #3 worked primarily in the dementia unit. Both Staff #2 and #3 were interviewed and reported Tenant #1 had been combative since admission and his/her behavior had worsened. Tenant #1 was routinely (10 out of 10 times), physically aggressive when staff attempted to assist with bathing, dressing or toileting. For safety, two staff was needed as Tenant #1 would hit, kick, bite, pinch, spit and head butt staff when cares were attempted.

Staff #2 & #3 reported Tenant #1 had been independent with toileting with staff cues, but for the last three weeks Tenant #1 was incontinent of bowel and bladder and used incontinent undergarments exclusively.

Evaluations completed on 4-8-13 and 5-4-13 did not reflect Tenant #1's refusal and aggressive behavior toward staff when staff assisted with bathing, dressing and toileting. Evaluations of 5-4-13 were not updated to reflect Tenant #1's change of condition related to incontinence of bowel and bladder and refusal to toilet; using incontinent undergarments exclusively.

Tenant #2, a 75 year old, was admitted on 7-9-09 and had diagnoses of: Alzheimer's Dementia, Hypertension, Diabetes Mellitus, Atrial Fibrillation, Anxiety, Hypoglycemia, Psychosis and Hyperlipidemia. A GDS was completed on 6-20-13 and staged Tenant #2 at five, which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit.

A functional evaluation of 6-20-13 indicated Tenant #2 needed assistance with bathing, dressing and toileting and peri-care. The evaluation indicated Tenant #2 refused to shower and a change of incontinent undergarments. A health evaluation was not completed.

Nursing narrative notes of 5-6-13 through 7-31-13 indicated at least 27 incidents of Tenant #2 refusing to change soiled incontinent undergarments and clothes.

Nursing narrative notes of 7-7-13 indicated staff attempted to get Tenant #2 up on two separate occasions but were unsuccessful. During the first incident, Tenant #2 kicked staff's hand and forearms. During the second incident Tenant #2 grabbed his/her cane and drew it back like he/she was going to hit staff.

On 7-8-13, Tenant #2 became agitated and combative when staff told Tenant #2 his/her incontinent undergarment and clothes were soiled with urine and feces. Tenant #2 yelled "I ain't changing anything," and began swinging, hitting staff on the wrist.

On 7-11-13, Tenant #2 was combative toward staff, scratching both arms and bending staff's thumb when attempting to assist with a shower.

On 7-15-13, Tenant #2 was combative and attempted to hit when staff attempted to change Tenant #2's incontinent undergarment and clothes.

Staff #2 was interviewed and reported Tenant #2 routinely refused staff assistance with toileting, bathing and dressing. Tenant #2 was incontinent of urine and stool and would often stay soiled for over 24 hours. Staff #2 reported staff didn't push the need to assist with cares because Tenant #2 was physically aggressive toward staff.

Staff #3 was interviewed and reported Tenant #2 routinely refuses to change soiled incontinent undergarments and clothes. Tenant #2 would often stay wet for over 24 hours. Staff #3 reported Tenant #2 has been physically aggressive toward staff and staff didn't attempt to assist with cares.

Functional, cognitive and health evaluations were not completed with a change in condition as documented in nurse's notes beginning 5-6-13. A current health evaluation was not completed.

Functional and cognitive evaluations of 6-20-13 did not reflect Tenant #1's refusal and aggressive behavior when staff assisted with cares.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also 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 services professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

**B. Service Plan**

Monitoring Observation: Five tenant files were reviewed. No issues were found related to service plans for Tenants #3 and #4.

Tenant #1's nursing narrative notes of 4-10-13 through 8-1-13 indicated Tenant #1 routinely refused staff assistance related to bathing, dressing and toileting. Nursing narrative notes of the same period indicated at least five incidents of physical aggression toward staff when cares were attempted. Nursing narrative notes of 7-16-13 through 8-1-13 indicated Tenant #1 was incontinent of stool and urine.

A nurse progress note (nurse review) of 7-25-13 indicated Tenant #1 was incontinent of urine, with occasional incontinence on the floor and wore incontinent undergarments, but was re-directable when taken to the bathroom.

Staff #2 and #3 were interviewed and reported Tenant #1 had been combative since admission and his/her behavior had worsened. Tenant #1 was routinely (10 out of 10 times), physically aggressive when staff attempted to assist with bathing, dressing or toileting. For safety, two staff was needed as Tenant #1 would hit, kick, bite, pinch, spit and head butt staff when cares were attempted.

Staff #2 & #3 reported Tenant #1 had been independent with toileting with staff cues, but for the last three weeks Tenant #1 was incontinent of bowel and bladder and used incontinent undergarments.

Tenant #1's service plans of 4-8-13, 5-4-13 and 7-25-13 were not updated to reflect interventions related to Tenant #1's combative behavior when staff attempted to assist with bathing, dressing and toileting.

The service plan of 5-4-13 was updated on 7-25-13 and indicated Tenant #1 was incontinent of bowel and bladder and wore incontinent undergarments. The service plan did not establish interventions related to incontinent care. The service plan of 7-25-13 was not supported by evaluations.

Tenant #2's nursing narrative notes of 5-6-13 through 7-31-13 indicated at least 27 incidents of Tenant #2 refusal to change soiled incontinent undergarments and clothes.

Nursing narrative notes of 7-7-13 through 7-15-13 indicated at least five incidents of physical aggression toward staff when staff assisted with changing of incontinent undergarments, soiled clothing and showers.

Staff #2 was interviewed and reported Tenant #2 routinely refuses staff assistance with toileting, bathing and dressing. Tenant #2 was incontinent of urine and stool and would often stay soiled for over 24 hours. Staff #2 reported staff didn't push the need to assist with cares because Tenant #2 has been physically aggressive toward staff.

Staff #3 was interviewed and reported Tenant #2 routinely refuses to change soiled incontinent undergarments and clothes. Tenant #2 would often stay wet for over 24 hours. Staff #3 reported Tenant #2 has been physically aggressive toward staff and staff didn't attempt to assist with cares.

A service plan of 10-26-12 was updated on 2-16-13 and indicated two-hour toileting was discontinued due to aggression. Staff was to continue to change Tenant #2's incontinent undergarment, provide peri-care as needed and coach/redirect as needed. Functional, cognitive and health evaluations were not completed to support the updated service plan of 2-16-13.

A service plan was updated on 6-20-13 and indicated Tenant #2 refused to shower and change incontinent undergarments. The service plan indicated Tenant #2's family was notified of Tenant #2's behavior and was looking for placement.

The service plan of 6-20-13 was not supported by a health evaluation. The service plan did not establish interventions related to Tenant #2's refusal of cares and physical aggression.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluation conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service 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))

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

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))

**C. Nurse Review**

Monitoring Observation: Five tenant files were reviewed. No issues were found related to nurse reviews for Tenants #3 and #4.

Nursing narrative notes of 4-10-13 through 8-1-13 indicated Tenant #1 routinely refused staff assistance related to bathing, dressing and toileting. Nursing narrative notes of the same period indicated at least five incidents when Tenant #1 was physically aggressive toward staff. Nursing narrative notes of 7-16-13 through 8-1-13 indicated Tenant #1 was incontinent of stool and urine.

A nurse progress note (nurse review) of 7-25-13 indicated Tenant #1 was incontinent of urine, with occasional incontinence on the floor and wore incontinent undergarments. Tenant #1 was re-directable when taken to the bathroom.

Staff #2 and #3 were interviewed and reported Tenant #1 had been combative since admission and his/her behavior had worsened. Tenant #1 was routinely (10 out of 10 times), physically aggressive when staff attempted to assist with bathing, dressing or toileting. For safety, two staff was needed as Tenant #1 would hit, kick, bite, pinch, spit and head butt staff when cares were attempted.

Staff #2 & #3 reported Tenant #1 was independent with toileting with staff cues, but for the last three weeks Tenant #1 was incontinent of bowel and bladder and used incontinent undergarments.

The Program did not complete a nurse review until 7-25-13. The nurse review was not reflective of Tenant #1's health and behavioral status.

Tenant #2's nursing narrative notes of 5-6-13 through 7-31-13 indicated at least 27 incidents of refusal to change soiled incontinent undergarments and clothes.

Nursing narrative notes of 7-7-13 through 7-15-13 indicated at least five incidents of physical aggression toward staff when staff assisted with changing of incontinent undergarments, soiled clothing and showers.

Staff #2 was interviewed and reported Tenant #2 routinely refuses staff assistance with toileting, bathing and dressing. Tenant #2 was incontinent of urine and stool and would often stay soiled for over 24 hours. Staff #2 reported staff didn't push the need to assist with cares because Tenant #2 has been physically aggressive toward staff.

Staff #3 was interviewed and reported Tenant #2 routinely refuses to change soiled incontinent undergarments and clothes. Tenant #2 would often stay wet for over 24 hours. Staff #3 reported Tenant #2 has been physically aggressive toward staff and staff didn't attempt to assist with cares.

The Program did not complete a nurse review with a change in condition as documented in nurse's notes beginning 5-6-13.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. 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 monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (IAC r.481-69.27(1))

- Regulatory Insufficiency: 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)

**D. Criteria for Admission and Retention**

Monitoring Observation: Five tenant files were reviewed. Tenants #3 and #4 did not exceed criteria for admission and retention.

Tenant #1's nursing narrative notes of 4-10-13 through 8-1-13 indicated Tenant #1 routinely refused staff assistance related to bathing, dressing and toileting. Nursing

narrative notes of the same period indicated at least five incidents of physical aggression toward staff when cares were attempted. Nursing narrative notes of 7-16-13 through 8-1-13 indicated Tenant #1 was incontinent of stool and urine.

Staff #2 and #3 were interviewed and reported Tenant #1 had been combative since admission and his/her behavior had worsened. Tenant #1 was routinely (10 out of 10 times), physically aggressive when staff assisted with bathing, dressing or toileting. For safety, two staff was needed as Tenant #1 would hit, kick, bite, pinch, spit and head butt staff when cares were given.

Progress notes of the same entry indicated Tenant #1's family was seeking placement to another facility due to Tenant #1's incontinence. Tenant #1 exceeded criteria for admission or retention.

Tenant #2's nursing narrative notes of 5-6-13 through 7-31-13 indicated at least 27 incidents of Tenant #2 refusal to change soiled incontinent undergarments and clothes.

Nursing narrative notes of 7-7-13 through 7-15-13 indicated at least five incidents of physical aggression toward staff when staff assisted with changing of incontinent undergarments, soiled clothing and showers.

Staff #2 was interviewed and reported Tenant #2 routinely refused staff assistance with toileting, bathing and dressing. Tenant #2 was incontinent of urine and stool and would often stay soiled for over 24 hours. Staff #2 reported staff didn't push the need to assist with cares because Tenant #2 has been physically aggressive toward staff.

Staff #3 was interviewed and reported Tenant #2 routinely refuses to change soiled incontinent undergarments and clothes. Tenant #2 would often stay wet for over 24 hours. Staff #3 reported staff did not assist Tenant #2 with cares as Tenant #2 was physically aggressive toward staff. Tenant #2 exceeded criteria for admission or retention.

- Regulatory Insufficiency: A program shall not knowingly admit or retain a tenant who: c. is dangerous to self or other tenants or staff, including but not limited to a tenant who, despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression. (IAC r. 481-69.23(1)(c)(1))