IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

October 18, 2013

Ms. Debbie Klatt, Administrator
Otsego Place Assisted Living
520 Otsego Street
Storm Lake, IA 50588

RE: Final Recertification Monitoring Evaluation Report – Otsego Place Assisted Living, Storm Lake, IA

Dear Ms. Klatt:

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 **S0184** with effective dates of **December 4, 2013** through **December 3, 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:

Debbie Klatt, Administrator
Otsego Place Assisted Living
520 Otsego Street
Storm Lake, IA 50588

Date of Monitoring Visit:

August 26, 2013

Monitor(s):

Lori Miner, RN BSN

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:	41
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	42
TOTAL census of Assisted Living Program	42

Tenant/Family Satisfaction Results – A meeting was held with 16 tenants and one family member. The best thing about the program was that staff members were good to the tenants and the security. Housekeeping was completed in apartments and common areas. One tenant would like to have the apartment dusted. Maintenance responded quickly to requests. It was reported the back parking lot was taken by staff members parking their vehicles and by tenants who had paid for parking. There were no open spaces for tenants who needed to be transported to and from appointments and for whom the back parking lot was shorter distance from the door. Tenants reported using a call light when requesting staff assistance. It was reported a new call light system was in place and staff members were working on it and the system had improved. Generally staff members responded to calls in less than 15 minutes. Staff members were described as providing good care and treated the tenants kindly and with respect. The food was mostly good, with a variety of foods offered. Card games were suggested as new activities to be tried. Tenants felt safe at the program, were generally satisfied and would recommend it to others.

Program History – During the course of the Recertification visit conducted on August 26, 2013, the program received regulatory insufficiencies in the areas of: Evaluation and Service Plan.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, a 91 year-old, was admitted on 7-31-09 and had diagnoses of: Osteoporosis, Chronic Cystitis, Hypertension (HTN) Chemical Induced Esophageal Ulcer, Macular Degeneration and Anemia. Progress notes dated 6-3 and 6-4-13 revealed Tenant #1 complained of an increase in incontinence with a strong urine smell noted and a backache. An antibiotic was prescribed for a Urinary Tract Infection. On 6-7-13 Tenant #1 continued to have back pain. On 6-11-13 the back pain continued and Tenant #1 complained of the inability to urinate. When Tenant #1 eventually urinated it was noted to be a small output which was very dark. Tenant #1 was observed to have an unsteady gait and during the late evening hours Tenant #1 complained of the inability to walk. Tenant #1 complained of nausea. At 4:41 a.m. a staff member was unable to obtain Tenant #1's blood pressure as Tenant #1 cried out in pain due to the blood pressure cuff.

Tenant #1 was seen by a physician on 6-12-13 with orders to discontinue the Lisinopril for Hypertension, push fluids, low potassium diet, and to start the medication Kayexalate to bring down the potassium level in the blood. Tenant #1 continued to complain of back pain, and vomiting. Tenant #1 was admitted to the hospital on 6-12-13 for intravenous fluids and had a diagnosis of Hyperkalemia with a potassium level of 7.6 where normal levels are between 3.5 – 4.5. Physician notes of 6-24-13 documented Tenant #1 was hospitalized for Acute Renal Failure and Atrial Fibrillation. Tenant #1 returned to the program on 6-17-13. Evaluations of function, cognition, and health were not completed with a change of condition, hospitalization for Acute Renal Failure and Atrial Fibrillation.

Tenant #2, a 90 year-old, was admitted on 10-24-10 and had diagnoses of: Anemia, Atrial Fibrillation, Hypertension, Hypothyroidism, Osteoporosis and Dementia. On 2-1-13, Tenant #2 was staged at five on the Global Deterioration Scale which indicated moderately severe cognitive decline. Progress notes dated 7-25-13 documented a conversation the program nurse had with Tenant #2's family and indicated Tenant #2 was becoming more difficult to redirect at times, walking into the hallway with pajamas on, and seeing people and animals that were not there. The program nurse documented Tenant #2's dementia appeared to be progressing and the family needed to be prepared for a time when Tenant #2 would require a higher level of care. A 90-day nurse review was completed on 7-26-13 but did not include an evaluation of cognition. Evaluations were not completed for a change of condition.

Tenant #3, an 86 year-old, was admitted on 7-5-13 and had diagnoses of: Atrial Fibrillation, Anxiety, and Hypertension. Tenant #3 was on Warfarin, a blood thinner. Progress notes dated 8-10 and 8-11-13 documented on 8-9, 8-10, and 8-11-13 Tenant #3 experienced nose bleeds with the bleed of 8-11-13 described as "severe." Tenant #3 was taken to the hospital and a blood vessel in the nose was cauterized. Tenant #3 returned to the program on 8-11-13. Evaluations were not done for a change of condition; three episodes of nose bleeds in three days in a person with Hypertension and on a blood thinner.

Tenant #4, a 93 year-old, was admitted on 6-25-12 and had diagnoses of: Anemia, Atrial Fibrillation, Hypertension, Hypertrophy of the Prostate, and Depressive Disorder. On 8-16-13 Tenant #4 scored 28 of 30 on the Mini Mental Exam which indicated minimal to no cognitive impairment. An annual evaluation was completed on 8-8-13 which indicated Tenant #4 required assist as needed with transfer, dressing/grooming, and used a wheelchair for mobility.

Progress notes dated 8-11-13 indicated Tenant #4 had difficulty swallowing medications. Notes of 8-13-13 indicated Tenant #4 needed assistance of one for dressing, toileting, and transfers. Notes of 8-16-13 indicated Tenant #4 required assistance to get out of bed, into a wheelchair, or manage clothing for toileting. A summary of functional status dated 8-16-13 indicated Tenant #4 had experienced a change of condition and needed more assistance with transfers and activities of daily living. An evaluation of function, cognition, and health was not completed. Evaluations were not completed with change of condition.

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 service 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: Tenant #1 returned to the program on 6-17-13 following hospitalization for Acute Renal Failure. Progress notes dated 6-18 and 6-21-13 documented Tenant #1 complained of being tired and had been requesting wheelchair assistance to meals. The current service plan, dated 12-5-13 with a summary update of 6-17-13 indicated Tenant #1 was independent with ambulation with a walker. The service plan did not meet the identified needs of Tenant #1.

Tenant #2 had a 90-day review completed on 7-26-13 which documented Tenant #2 sometimes became anxious and irritable with staff members. Progress notes dated 7-28-13 documented Tenant #2 was asked if he/she needed to use the restroom. Tenant #2 began to pull down pants in the living room of the apartment and required redirection to get into the bathroom. Notes of 7-30-13 indicated Tenant #2 was standing in the doorway of the bathroom with no clothing on and urine on the bathroom floor. Tenant #2 was quoted as saying "I don't know how I did this? Is there others that do this?" The bedding was also noted to be soaked with urine. Notes of 8-11-13 documented Tenant #2 reported "someone" made the bedroom chair wet. A staff member noted the chair smelled like urine.

The service plan dated 11-21-12 documented Tenant #2 used incontinence products at night and staff was to assist as needed. Tenant #2 was also checked every two hours for well-being. The service plan did not identify a toileting plan for Tenant #2 who exhibited incontinence and confusion on three occasions. The service plan did not meet the identified needs of Tenant #2.

The service plan for Tenant #2 indicated Tenant #2 needed activity reminders and spontaneous activities. The service plan did not identify specific activities in which to engage Tenant #2.

A summary of functional status dated 8-16-13 indicated Tenant #4 had experienced a change of condition and needed more assistance with transfers and activities of daily living. On 8-16-13, comments were added to the service plan under to assist per tenant request with hygiene, to assist daily with dressing, and to assist per tenant request with mobility. Progress notes dated 8-13 and 8-16-13 documented that Tenant #4 required assistance with dressing, toileting, and transfers. Documentation indicated Tenant #4 had progressed from assist as needed to the required assist of one. The service plan was not specific to the needs of Tenant #4.

Progress notes for Tenant #4 dated 6-11, 6-13, 6-14, 6-23, and 7-24-13 documented Tenant #4 spoke to staff in a "whiney voice," had a "whiney mood" and was uncooperative. A fax to the physician dated 6-13-13 indicated Tenant #4's mood was "unstable" and Tenant #4 was "whiney and uncooperative." The physician documented on the fax that this was Tenant #4's personality. The fax also documented Tenant #4's upcoming appointment with a mental health professional on 7-31-13. The summary of conditions dated 8-8-13 indicated Tenant #4 was depressed and was receiving "emotional cares." A review of the service plan dated 8-8-13 did not identify interventions for staff members to use when Tenant #4 exhibited behavior described as "whiney moods." The service plan did not meet the identified needs of Tenant #4.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance; and (d) For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (IAC r. 481-69.26(4)(a,d))