IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

July 8, 2014

Mr. Mike Early, Manager
Gardens Assisted Living
1000 West Washington
Jefferson, IA 50129

RE: Final Recertification Monitoring Evaluation Report – Gardens Assisted Living, Jefferson, IA

Dear Mr. Early:

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, following a survey by DIA on **June 25, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Medications.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

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.

Also enclosed you will find the Assisted Living Program Certificate **S0269** with effective dates of **February 27, 2014** through **February 26, 2016**.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

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:

Mike Early, Manager
The Gardens at Jefferson Assisted Living
1000 West Washington
Jefferson, IA 50129

Date of Monitoring Visit:

June 25, 2014

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:	33
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	34
TOTAL census of Assisted Living Program	34

Tenant/Family Satisfaction Results – A meeting was held with 18 tenants. The best thing about the program was not having to prepare meals, not having to worry about the expenses of home ownership, and having help when needed. Housekeeping was completed to tenants' satisfaction in apartments and common areas. The tenants identified some carpet stains that needed attention in the dining room, and windows needed washing. Tenants used a call button to request assistance and staff were reported to respond in five to 15 minutes. Staff members provided excellent care according to the tenants, and treated the tenants well. The tenants stated staff members were kind and respectful. The food was mostly good with a variety of foods offered. Hot foods were served hot. There were enough activities and the Activity Director went above and beyond and was open to suggestions. Tenants reported feeling safe and the program, were generally satisfied, and would recommend the program to others.

Program History – During the course of the Recertification visit conducted on June 25, 2014, the program received a regulatory insufficiency in the areas of medications.

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

A. *Medications*

Monitoring Observation: Staff #1, Universal Worker, was observed during a medication pass on 6-25-14. Staff #1 was giving medications to Tenant #1. The medications for Tenant #1 were in DADs prepared by the pharmacy. Tenant #1 received 18 pills. After placing the medications in a pill cup, Staff #1 then poured the pills out onto a paper towel. Staff #1 stated Tenant #1 liked to have the pills counted. Staff #1 used bare hands to move the pills on the paper towel for counting. The count was off and Staff #1 went back to check the DADs for pills that did not come out. A pill was found stuck in the DAD and Staff #1 used a bare hand to get the pill out of the dad.

In an interview with the Registered Nurse (RN), he stated medications should not be handled with bare hands.

Staff #1 did not follow standard practice when bare hands were used to touch the pills.

Staff #1 was observed during a medication pass to Tenant #2. Tenant #2 was prescribed an aerosolized medication. Tenant #2 had been hospitalized and had returned to the program on 6-24-14. The aerosolized medication was a new order.

Staff #1 was observed to pull the plastic vial from the medication drawer but did not check the Medication Administration Record (MAR) against the medication packaging. The surveyor asked Staff #1 to check the medication label against the MAR. Staff #1 did so, then questioned whether or not the medication dosage on the label matched the MAR. Staff #1 called for a nurse to further investigate.

According to the medication delegation tool, the order on the MAR was to be compared to the label on the medication. Staff #1 did not check the label against the MAR until prompted by the surveyor.

Regulatory Insufficiency: When medications are administered traditionally by the program: (a) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified and noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645—Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). (IAC r. 481-67.5(6)(a))