IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

July 28, 2014

Mr. Brian Phillips, Campus Administrator
Highland Ridge Senior Living Community
100 Village View Circle
Williamsburg, IA 52361

RE: Final Recertification Monitoring Evaluation Report – Highland Ridge Senior Living Community, Williamsburg, IA

Dear Mr. Phillips:

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 **July 21 and 22, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Service Plans.

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 **S0196** with effective dates of **July 27, 2014** through **July 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:

Brian Phillips, Campus Administrator
Highland Ridge Senior Living Community
100 Village View Circle
Williamsburg, IA 52361

Date of Monitoring Visit:

July 21 and 22, 2014

Monitor(s):

Stephanie Cummins, MA
Stephanie Radabaugh, PhD

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:	40
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	44
TOTAL census of Assisted Living Program	44

Tenant/Family Satisfaction Results – A community meeting with 11 tenants was held. Maintenance and laundry services were prompt and the grounds were well maintained. A suggestion for housekeeping included to improve vacuuming in the apartments and in the dining room. Nursing services were available and staff responded immediately when tenants requested assistance. The tenants received the services expected when the occupancy agreement was signed. Staff was described as good, polite, and pleasant. Staff knew what services to provide and was trained to provide those services. There was enough food provided and the cold food was served cold. The tenants enjoyed the salad bar and the desserts. The tenants said the temperature of the hot foods needed improvement and some food items were too salty. A request was made to have administrative staff walk through at meal times. They received an activity calendar and enjoyed Bingo, card games, and board games. They requested more outings to parks and also a directory for the care center. The tenants said the religious services were excellent and there were different denominations offered. The tenants felt safe and made their own decisions. They were satisfied with the Program and would recommend it to others. The enjoyed the safety provided and the spaciousness of the building.

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

A. Service Plan

Monitoring Observation: Five tenant files were reviewed.

Tenant #1, an 89 year old, was admitted on 4-2-14 and diagnoses included: Depression, Gastro Esophageal Reflux Disease (GERD), Hypothyroidism and Hypertension (HTN). According to Integrated Progress Notes dated 4-28-14 (late entry for 4-27-14), Tenant #1 fell and that morning reported the right hip was sore. Integrated Progress Notes dated 5-5-14 to 5-13-14 indicated Tenant #1 had increased pain in the hip and was unable to stand without assistance but could walk once Tenant #1 was up. Tenant #1 was admitted to a hospital for hip pain and edema and no fracture was found. Tenant #1 returned to the Program. Integrated Progress Notes dated 5-16-14 indicated Tenant #1 had increased pain in the hip and required two staff to assist to the bathroom. Tenant #1 was transported to a hospital. According to a Program document, Tenant #1 fractured a hip,

had surgery and was admitted to a care center on 5-23-14. The Functional Assessment/Service Plan last dated on 5-2-14 did not reflect Tenant #1's, increased pain and mobility or transferring status or needs. According to a physical therapy and occupational therapy (PT and OT) flow sheet, PT and OT were started on 4-7-14 and PT was discontinued on 5-5-14 due to hospitalization. The service plan did not reflect PT and OT services. The service plan did not reflect the identified needs of Tenant #1 and did not reflect outside service providers.

Tenant #2, an 87 year old, was admitted on 5-27-14 and diagnoses included: Osteoporosis, Memory Loss, Dementia, Aortic Sclerosis and Hypothyroidism. Tenant #2 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. Integrated Progress Notes dated 5-30-14 indicated Tenant #2's family requested staff dispense the medication and observe Tenant #2 consuming the medication. Integrated Progress Notes dated 6-19-14 indicated Tenant #2 went to the emergency room for evaluation was diagnosed with a panic and anxiety attack and returned to the Program. Integrated Progress Notes dated 6-23-14 (late entry for 6-21-14) indicated a staff reported Tenant #2 had many memory deficits issues that day. On 6-23-14 Tenant #2 was seen by a physician and orders were received to change medications, transfer Tenant #2 to a care center and no driving. Hourly safety checks were initiated until Tenant #2 was transferred to a care center. Health and cognitive evaluations were completed on 6-26-14. The Functional Assessment/Service Plan was updated on 6-23-14, prior to the completion of the health and cognitive evaluations. The service plan was not based on evaluations.

Tenant #3, an 86 year old, was admitted on 11-28-11 and diagnoses included: Osteoporosis, Memory Loss, Transient Ischemic Attacks, Hearing Deficit, Chronic Obstructive Pulmonary Disease and Vertigo. A nurse review document dated 2-21-14 and 5-21-14 indicated Tenant #3 had impaired vision and hearing. The nurse review dated 2-21-14 indicated Tenant #3 had some behavioral issues in the dining room, made unkind or inappropriate remarks to other tenants Tenant #3 used to sit with during meals. Staff addressed the issue with how Tenant #3 entered and left the dining room. If the behavior was inappropriate Tenant #3 would be asked to eat in the apartment. The health evaluation dated 11-22-13 indicated Tenant #3 became impatient at meal times, could not hear tablemates and then became irritable with them. Tenant #3 thought others were whispering and Tenant #3 had an outburst in the dining room. The Functional Assessment/Service Plan dated 11-22-13 did not address Tenant #3's hearing impairment. The service plan also did not address the behaviors in the dining room and interventions related to the behavior. The service plan did not reflect the identified needs of Tenant #3.

Tenant #4, an 81 year old, was admitted on 5-25-11 and diagnosis included: HTN, Anxiety (chronic) and Depressive Disorder. A physician's order dated 4-1-14, revealed an order for a PT and OT evaluation. A PT and OT flow sheet indicated Tenant #4 received PT from 4-4-14 through 5-7-14 and OT from 4-7-14 through 5-1-14. The Functional Assessment/Service Plan dated 5-7-14, did not reflect any change in services regarding PT or OT. The service plan did not reflect outside service providers.

Tenant # 5, an 89 year old, was admitted on 3-25-13 and diagnosis included: GERD, Pacemaker, HTN, Insomnia and Osteoarthritis. A review of incident reports for Tenant #5 revealed four falls between April and July of 2014. A PT flow sheet for Tenant #5

revealed an order for PT on 5-16-14. Tenant #5 received PT from 5-23-14 through 7-11-14. The Functional Assessment/Service Plan dated 3-21-14 did not reflect the falls nor did it reflect any change in services regarding PT. The service plan did not reflect the identified needs of Tenant #5 and did not reflect the outside service provider.

Review of tenant files indicated service plans did not reflect the tenants' identified needs, did not reflect service providers if other than the Program and was not based on evaluations.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations 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: 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))

Regulatory Insufficiency: The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy. (IAC r. 481-69.26(4)(c))