IOWA DEPARTMENT OF
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August 26, 2014

Recertification RV-2

Chris Ruger, RN Administrator
Deerfield Place Assisted Living
505 East Gilman Street
Sheffield, IA 50475

RE: Final Recertification Monitoring Evaluation Report Revisit – Deerfield Place Assisted Living, Sheffield, IA

Dear Ms. Ruger:

Enclosed is the **Final Recertification Monitoring Evaluation Report Revisit** 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. **No Regulatory Insufficiencies were found during this evaluation.**

If you have any questions in regard to this certification, 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 Revisit

Assisted Living Program: **Recertification RV-2**

Chris Ruger, RN Administrator
Deerfield Place Assisted Living
505 East Gilman Street
Sheffield, IA 50475

Date of Monitoring Visit:

August 20, 2014

Monitor(s):

Margaret Kaltefleiter, RN MS

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:	18
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	18
TOTAL census of Assisted Living Program	18

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

A. Evaluation of Tenant

During the course of the recertification revisit of 4-23-14, Tenants #3 and #5 were identified as not having evaluations completed with a change of condition.

Monitoring Observation:

Tenant #3 was discharged from the Program on 3-30-14.

Tenant #5 was discharged from the Program on 7-8-14.

Files for Tenants #6, #7 and #8 were reviewed and no issues with evaluations were identified.

Regulatory Insufficiency: None noted.

B. Service Plan

During the course of the recertification revisit of 4-23-14, the service plans for Tenants #2, #3 and #5 were identified as not being completed to reflect the identified needs of the tenants.

Monitoring Observation:

Tenant #2, a 95 year old, was admitted on 3-12-13 and diagnoses included: Hypertension (HTN), Atrial Fibrillation, Restless Leg Syndrome, Urinary Incontinence and History of Anemia. A service plan was updated on 6-4-14 to reflect knee exercises tenant self-completed and would self-notify physician if a knee brace was desired. A service plan was updated on 7-7-14 to reflect Tenant #2 was experiencing visual hallucinations and on 7-8-14 to encourage fluids due to concentrated urine. A service plan was completed on 7-29-14 to reflect denture adhesive not working well, dental appointment scheduled for 8-6-14, increased services for laundry needs and Vitamin C changed to chewable tablets.

A service plan was updated on 7-30-14 to reflect a urologist ordered prompted voiding schedule every four hours while awake and on 8-14-14 for a reddened/sore abdominal fold, order received for Mycolog II ointment to area twice a day as needed. No issues were identified with the service plan for Tenant #2. The identified needs of Tenant #2 were reflected in the service plan.

Tenant #3 was discharged from the Program on 3-30-14.

Tenant #5 was discharged from the Program on 7-8-14.

Files for Tenants #6, #7 and #8 were reviewed and no issues with service plans were identified.

Regulatory Insufficiency: None noted.

C. Medications

During the course of the recertification revisit of 4-23-14, the Medication Administration Sheets (MARs) indicated medications were not administered as ordered, directions were not indicated, conditions were not documented and reasons for not administering treatments was not documented for Tenants #1, #2 and #3.

Monitoring Observation:

Tenant #1's MARs were reviewed from 5-1-14 through 8-20-14 and no issues were identified.

Tenant #2's MARs were reviewed from 5-1-14 through 8-20-14 and no issues were identified.

Tenant #3 was discharged from the Program on 3-30-14.

MARs for Tenants #6, #7 and #8 were reviewed and no issues were identified.

Regulatory Insufficiency: None noted.

D. Nurse Review

During the course of the recertification revisit of 4-23-14, nurse reviews were not completed with changes in condition, every 90 days when the Program provided services and did not document the health status of a tenant or any adverse reactions from Program administered medications. Tenants #1, #2, #3 and #5 were identified.

Monitoring Observation:

Tenant #1, an 83 year old, was admitted on 10-1-10 and diagnoses included: Insulin Dependent Diabetes Mellitus, HTN, Chronic Renal Insufficiency and Confusion. Tenant #1 was staged at a three on the Global Deterioration Scale which indicated mild cognitive decline. A nurse review was completed on 7-24-14 along with a health assessment without any changes noted; reflected medication changes and indicated Tenant #1 did not

have any adverse effects from medications. Nurse reviews were completed every 90 days. No issues were identified with nurse reviews for Tenant #1.

Tenant #2 had a 90 day nurse review completed on 7-29-14 that documented health status and changes in medications. Nurse reviews were completed every 90 days. A nurse review for Tenant #2 was completed on 8-13-14 that indicated the urologist ordered Toviaz and prompted voiding schedule every four hours while awake. Staff noted occasional confusion and forgetfulness. A urinalysis was ordered to rule out a Urinary Tract Infection versus a side effect of the new medication. A nurse review was completed with a change in condition. No issues were identified with nurse reviews for Tenant #2.

Tenant #3 was discharged from the Program on 3-30-14.

Tenant #5 was discharged from the Program on 7-8-14.

Files for Tenants #6, #7 and #8 were reviewed and no issues with nurse reviews were identified.

Regulatory Insufficiency: None noted.

E. Compliance with the Plan of Correction

Monitoring Observation: The Program met the objectives set forth in the plan of correction submitted following the recertification revisit of 4-23-14 in the areas of Evaluation, Service Plan, Medications, Nurse Review and Compliance with the Plan of Correction.

Regulatory Insufficiency: None noted.