IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Stefanie Geigle, Administrator
Rock Rapids PE, LLC
1510 S. Carroll
Rock Rapids, IA 51246

Date of Monitoring Visit:

April 23, 2013

Monitor(s):

Joyce Kix, RN
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:	15
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	16
TOTAL census of Assisted Living Program	16

Tenant/Family Satisfaction Results – A meeting was held with nine tenants. The best thing about the program was the people and the food. Housekeeping was completed to the tenants' satisfaction in apartments and common areas. Tenants used a call button to request assistance. Staff members were reported to respond in five minutes or less. Staff provided good care and were kind and respectful. The food was described as mostly good, with choices offered. Hot foods were not always hot. Ice cream was reported to be served at the time of the main meal and was too soft by the time some of the tenants were ready to eat the ice cream. There were enough activities offered, but tenants would like to be able to have bus transportation to community activities. The tenants reported feeling safe at the program and would generally recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Medications

Monitoring Observation: Staff #1 was observed passing medications to tenants. The program utilized medication planners that were pre-filled by a pharmacy. The back of the planner indicated the medication, dosage, and time the medication was due. Staff #1 was observed checking the medication administration record (MAR). Staff #1 counted the number of pills indicated on the MAR, then counted the number of pills in the planner. The MAR for Tenant #1 indicated Magnesium 200 milligrams (mg) was to be given daily. Staff #1 documented the medication was given. A review of the medication list on the back of the planner indicated the planner contained Magnesium 400 mg. The clinical record indicated the health care professional had ordered Magnesium 200 mg on 4-3-13. The medication was not given as ordered, and because the strength of the medication was different than the strength prescribed; the documentation was also incorrect.

Staff #1 was observed during the noon medication pass. Staff #1 administered medications to five tenants. Staff #1 did not wash hands or use hand sanitizer upon

entering the apartments or upon leaving the apartments. Staff #1 was also observed using an ink pen from her pocket to touch medications to aid in the counting pills. The program's procedure for hand washing indicated hand washing was to be completed before and after assistance was provided to a tenant. The lack of hand washing during a medication pass does not follow accepted professional standards for medication administration.

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 unlicensed assistive personnel in accordance with requirements in 655—Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6)(a))

The preparation of the following plan of correction does not constitute and should not be interpreted as neither an admission nor an agreement by the program of the facts set forth in the preliminary recertification monitoring evaluation report. The plan of correction prepared was executed solely because it is required by the provisions of the state and federal law. All insufficiencies will be corrected and the program will be in substantial compliance by May 23, 2013.

Medications

Medication order clarified for tenant #1 with physician and pharmacy. MAR updated to reflect correct dosage. Staff #1 washed hands, was educated on proper hand washing technique, medication administration policy, and was educated to not touch any medications with unclean objects or unclean hands.

Audits were completed on all residents who have medications supervised or administered by the program to ensure medications received match physicians orders. Staff have been educated on proper hand washing technique, medication administration, and medication supervision.

RN Coordinator or designee will complete random audits to ensure medications received match physicians orders. RN Coordinator or designee will complete random audits to ensure proper medication administration or supervision occurs. RN Coordinator or designee will complete random audits to ensure proper hand washing technique occurs.

Audit results will be taken monthly to QA until resolved.

The program will achieve substantial compliance by May 23, 2013.

Stefanie Cisle, MBA
Administrator
5/6/2013