# Iowa Department of Inspections and Appeals
# Assisted Living Program
# AMENDED Re-certification Monitoring Evaluation Report

**Assisted Living Program:**

Robbie Hinz, RN, Executive Director
Legacy Gardens
15 Silvercrest Place
Iowa City, IA52240

**Date of Monitoring Visit:**

August 31, 2004

**Monitor(s):**

Stephanie Cummins, SW

**Definitions:**

The following definitions are relevant:

**Regulatory Insufficiency** - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Re-certification Monitoring Evaluation Report. Depending on the circumstances, DIA may re-visit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

**Dementia-specific assisted living program -** An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

**Overview:**

An on-site monitoring evaluation was conducted at Legacy Gardens on August 31, 2004. In preparing this report, the following information was considered:

**Current Program Census:**

***General Population Program (GPP)*** **–** Not applicable**.**

***Dementia Specific Program (DSP)*** **–**

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting: 29

**Tenant/Family Satisfaction Results –**

**Complaint History** – No complaints on file this certification period.

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

**A. Criteria for exclusion of tenants** - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Monitoring Observation: Six tenant charts were reviewed. Tenant #1 had a diagnosis of Alzheimer's, Hypothyroidism, Urinary Retention, Hematuria, and Diverticulous. The tenant was evaluated as a six on the Global Deterioration Scale (GDS), which was dated 10/24/03. A Functional Assessment for Persons with Alzheimer's Disease was conducted on 8/6/04. Under the social skills heading the tenant scored a three out of six. which indicated a person at that level needed help to participate in activities and was belligerent, defensive and or suspicious. The tenant scored four out of six for attention, memory, and cognitive functioning. According to the assessment, a person at this level showed severe short-term memory deficit, long-term memory somewhat impaired, sleep disturbances, unprovoked aggression, and resists cares. According to the assessment, the tenant required scheduled toileting with assistance. Staff interviews indicated the tenant required two-hour toilet checks and played a small role in managing the tenant's incontinence. The assessment also indicated the tenant scored a four out six for bathing, dressing, and grooming. A score of four indicated a person at this level bathed and dressed only with physical assistance, may be resistant and was oblivious to grooming. Staff interviews indicated the tenant had been combative at times. The tenant was seen by the attending physician on 6/24/04 after several instances of resistive/aggressive behavior. The physician indicated the family had discussed using Namenda. An order for Namenda was started on 7/16/04 and per family's request was stopped on 8/24/04. The August communication log showed both cooperative and aggressive behaviors. The log showed combative and aggressive behaviors on 8/7/04, 8/12/04, and 8/27/04. Three incidents of elopement out of the west wing of the building into the main lobby of the building were documented in the log. According to the RN, the tenant did not elope outside of the building but eloped into another area of the building. The log also showed four incidents of cooperative behaviors and one entry that the tenant was in a good mood. These behaviors were documented on 8/5/04, 8/8/04, 8/17/04,8/20/04, and 8/23/04. In an interview, the RN stated the tenant squeezed staff hands as a way of communication and stated the tenant's behaviors had improved significantly. The LPN stated the tenant's inappropriate behaviors had decreased. The communication logs for June and July were destroyed according to an interview with the RN.

*In response to the preliminary identification of Tenant #1 exceeding occupancy criteria, the program provided input, subsequent to the on-site, that the tenant's current function, cognitive and health care needs are, at this time, within the parameters allowed in an assisted living program.*

- Regulatory Insufficiency: The program did not transfer tenant who met the "Criteria for exclusion of tenants."

Dated this 6th day of December 2004.