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

Assisted Living Program:

Denise Carlson, Administrator, RN
Village Terrace Assisted Living
302 Franklin
Keosauqua, IA 52565

Date of Monitoring Visit:

April 21, 2005

Monitor(s):

Stephanie Cummins, SW, MA

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 Village Terrace on April 21, 2005. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) –

Current number of tenants without cognitive disorder:	7
Current number of tenants with cognitive disorder:	2
Total Population:	9

Dementia Specific Program (DSP) – Not Applicable

Tenant/Family Satisfaction Results – A community meeting was held with tenants and a family member who stated the program was clean, well maintained and had a homelike environment. Tenants said the food was good but at times could be hotter and have more variety. Tenants and a family member stated staff was attentive, kind and helped whenever the tenants requested assistance. They felt they could reach a staff member during the day or night if they needed help. Tenants stated they did not have any activities available and would like more activities in general; including, outings and trips. The tenants felt safe at the program.

Complaint History – There were no substantiated complaints this certification period.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Review of three tenant files and an interview with the Administrator who is a Registered Nurse (RN) indicated the program evaluated each tenant prior to taking occupancy but did not re-evaluate each tenant within 30 days of occupancy. Two of the three tenant files reviewed showed tenants scored 22 or below on the Mini Mental Status Exam (MMSE) prior to taking occupancy and the program did not use the Global Deterioration Scale (GDS) on those tenants within 30 days of occupancy. One tenant had been hospitalized from 2-3-05 to 2-8-05 and no new evaluations were completed upon the tenant's return.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional and cognitive abilities and health status within 30 days of taking occupancy, as needed and with a change in condition.

- Regulatory Insufficiency: The program did not use an appropriate cognitive tool after tenants scored moderately on the objective cognitive tool used prior to occupancy.

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Three of three tenant files reviewed had a preliminary service plan signed by the RN, Social Worker (SW), direct care staff member and the tenant. All three tenants required personal and/or health related care and had an update of the service plan within 30 days of occupancy; however, the only signature on the updated service plans was that of the RN.

- Regulatory Insufficiency: The program did not appropriately sign service plans within 30 days of admission when tenants required personal and/or health related care.

C. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [321 IAC 25.29(1) and/or (2)]

Monitoring Observation: The RN indicated the program assisted four tenants with medication administration. The RN set up the medications in med planners and the medications were kept locked in a bathroom cabinet in the tenant's apartment. Direct care staff administered the medications. Observation of the medication pass and an interview with the RN indicated the program did not document medications given. Direct care staff stayed in the room to ensure medications were taken; however, it was not documented.

- Regulatory Insufficiency: The program did not document when staff administered medications.

D. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Monitoring Observation: An interview with the RN and review of 3 files indicated the RN had appropriately reviewed medications administered by the program every 90 days. The RN had not assessed and documented tenants' health status and health related activities every 90 days. The RN had been signing and dating all physician orders but was not indicating the time on orders.

- Regulatory Insufficiency: The program did not provide written documentation of the times on physician orders.

- Regulatory Insufficiency: The program did not provide a review of tenant's health status and health related activities every 90 days.

E. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Monitoring Observation: The program had three certified staff and one uncertified staff member. Direct care staff members administered medications and provided personal cares to the tenants. No documentation was found to show the RN had delegated medication administration and personal cares to the direct care staff.

- Regulatory Insufficiency: The program did not document appropriate training of direct care staff.

F. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39]

Monitoring Observation: A community meeting and two personal interviews were held. A majority of tenants stated there was nothing to do and they were bored. When asked what there was to do the tenants replied "nothing" and "this is it." A few tenants stated they could entertain themselves by reading. They expressed interest in more outings and trips and more activities in general. The activity calendar for April 2005 was reviewed and it included care conferences, beauty shop, turnover Thursday, cardio rehab classes, music, volunteer and activity director visits and worship with sing-a-longs. The calendar listed more events than activities and seemed to focus on the hospital and not the assisted living program. The tenants did enjoy the exercise classes that were offered.

- Regulatory Insufficiency: The program did not offer sufficient activities to meet the needs of the tenants.

Dated this 26th day of April 2005.

Village Terrace
Assisted Living
302 Franklin
Keosauqua, IA 52565

May 9, 2005

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau
Iowa Dept. of Inspection and Appeals
Lucas State Office Bldg. East 12th St.
Des Moines, IA 50319-0083

Dear Chris;

Enclosed is our Plan of Correction and the supporting documents:

Evaluation of Tenant

- Each tenant will be evaluated based on their functional, cognitive and health status prior to occupancy, within 30 days of occupancy, with a change in condition, and annually. **The current residents will all be evaluated based on their functional, cognitive and health status by 5/13/05 as per policy (Ref. E-100).**
- **Each tenant who scores moderately on the MMSE will be evaluated using a Global Deterioration Scale by 5/13/05 as per policy (Ref. A-200).**

Service Plan

- **All new residents that require personal and/or health related care will have their individualized service plan signed within 30 days of admission with the appropriate signatures by 5/13/05 as per policy (Ref. E-100). All current residents will have their service plans reviewed and signed by the multidisciplinary team by 5/13/05.**

Medications

- **All staff will document on the medication administration records (MAR) after medications are distributed to residents, initiated on 4/23/05 as per policy (Ref F-140).**

Nurse Review

- **Physicians and RN staff will include time when signing/writing orders on the physician order forms, initiated on 4/25/05 as per policy (Ref F-140).**
- **The RN staff will document and assess the resident's health status for those receiving health-related care or medication assistance every 90 days by 5/13/05 as per policy (Ref G-180).**

Staffing

- During the Resident Assistant orientation process – they are observed assisting residents with personal cares and medication distribution. **After the Resident assistants successfully demonstrate competency with medication distribution and personal cares the RA competency documentation form will be completed. This form was completed on all current staff on 4/25/05 and will be initiated with new staff members. (see attachments : RA competency documentation and RA orientation).**

Activities

- **A new activity calendar has been designed specifically for Village Terrace, which provides a variety of activities throughout the month, the calendar was initiated on 5/1/05. (see attached Activity calendar) .**

If there are any more documents or information you need please contact me at (319)293-3171 Ext. 274

Sincerely,

Denise Carlson, RN

Denise Carlson
RN Administrator
Village Terrace Asst. Living

VAN BUREN COUNTY HOSPITAL
302 Franklin
Keosauqua, IA 52565
(319)293-3171

SUBJECT: **Applying for Residency**	POLICY REFERENCE: **A-200**
SOURCE:	DATE EFFECTIVE: DATE REVISED:
DEPARTMENT: **Village Terrace Assisted Living**	APPROVED BY_____ DATE_____

Procedure:

1. A person will be identified to or by the Manager as desiring residency.
2. An application will be completed and a deposit made and filed with the Manager. This places the prospective resident on a waiting list if no dwelling unit is immediately available.
3. A Financial Information form and a Consent for Release of Information letter will be signed. A Medical Information History & Physical form will be completed by a VBCH physician.
4. The Manager will set up an appointment to meet with the prospective resident to assess eligibility, either at his/her home, at the hospital, or at the residence.

5.

5. The prospective resident will be evaluated on functional, cognitive, and health status within 30 days of occupancy and as needed, but not less than annually, to determine any modifications to needed services. The evaluation shall be conducted by a health care professional or a human service professional.

   Two tools will be utilized for the functional and cognitive assessment:

   a. The Functional Assessment (see Resident Evaluation section for an example) is designed to assess ability to live at various levels of the independence/assistance/care continuum. This tool will help to determine the level of assistance needed and/or appropriateness for the assisted living program.
   b. Mini Mental Status Evaluation (MMSE) questionnaire is designed to assess orientation to time/place/person and to determine level of mentation. If a prospective resident's score indicates moderate to no impairment, he/she qualifies for residency. If a prospective resident's score indicates severe impairment, he/she may be inappropriate for residency. If the prospective resident scores moderately on the MMSE then a Global Deterioration Scale may then be utilized.

6. Prior to occupancy, a preliminary service plan shall be developed by a health care professional or human services professional in consultation with the resident and at the resident's request, with the resident's family member or designated responsible party.
7. When an prospective resident has been determined to meet eligibility requirements, a dwelling unit will be confirmed.
8. Prospective residents will be given a copy of the Resident Handbook prior to signing a Residency Agreement confirming the dwelling unit chosen by the resident. Rates and fees will be discussed with the resident and/or responsible person. Deposits and monthly fees will be collected.
9. A move-in date will be established. All fees will be calculated from the move-in date.

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10. If eligibility is questionable, a probationary residency may be established (see policy on Probationary Residency Evaluation Period).
11. A program shall not knowingly admit or retain a resident who:
    a) Is bed-bound; or
    b) Requires routine two-person assistance with standing, transfer or evacuation ; or
    c) Is dangerous to self or other residents or staff, including but not limited to a resident who:
    (1) Despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression; or
    (2) Displays behavior that places another resident at risk; or
    d) Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or
    e) Is under the age of 18; or
    f) Requires more than part-time or intermittent health-related care; or
    g) On a routine basis, has unmanageable incontinence.
12. Village Terrace shall provide assistance to a resident and the resident's legal representative, if applicable, to ensure a safe and orderly transfer when the resident meets program transfer requirements.
13. Under the occupancy agreement and Iowa Code Supplement section 231C.6, each tenant shall have the right to an internal appeal of an involuntary transfer.

Van Buren County Hospital
P.O. Box 70
Keosauqua, IA 52565
(319) 293-3171

SUBJECT: **Assistance Service Plan**	POLICY REFERENCE: **E 100**
SOURCE:	DATE EFFECTIVE: 5/2003 DATE REVISED: 3/2005
DEPARTMENT: **Village Terrace Assisted Living**	APPROVED BY_____ DATE_____

Procedure:

1. An individualized service plan shall be developed to meet the specific service needs of the resident based on functional, cognitive and health status evaluations prior to occupancy, within 30 days of occupancy, and as needed, but not less than annually.
2. Prior to occupancy, a preliminary service plan shall be developed by a health care professional or human services professional in consultation with the resident and at the resident's request, with the resident's family member or designated responsible party.
3. When the tenant needs personal care or health-related care, the service plan shall be developed in consultation with a multidisciplinary team, which consists of no less than three individuals, including a health care professional and a human services professional.
4. The service plan shall be individualized and shall indicate:
   (1) The resident's identified needs and requests for assistance and expected outcomes;
   (2) Any services and care to be provided per agreement with tenant;
   (3) The service provider(s) if other than the assisted living program; and
   (4) For residents who are unable to plan their own activities, including residents with dementia, planned and spontaneous activities based on the residents abilities and personal interest.

VAN BUREN COUNTY HOSPITAL
PO Box 70
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(319)293-34171

SUBJECT: **Medication Assistance**	POLICY REFERENCE: **F 140**
SOURCE:	DATE EFFECTIVE: DATE REVISED:
DEPARTMENT: **Village Terrace Assisted Living**	APPROVED BY_____ DATE_____

Policy:

Residents are expected to self-administer their medications. Assisting residents' with their medications include daily reminders to take their medications, weekly reminders to fill their medication boxes. The amount and type of assistance required will be defined in the resident's service plan.

If a resident requires more assistance with medications and requests assistance with filling their medication box the following procedures will be followed:

Procedure:

1. Residents are allowed to self-administer medications unless the prescription states the medication is to be stored by the program, or the resident or residents legal representative, if applicable, delegates partial or complete control of the medications to the assisted living program through a signed Service Plan and Consent for Medication Assistance. PRN medications are kept by the resident in their apartment.
2. Residents may keep their own medications in their possession, unless otherwise directed by a physician.
3. The following requirements shall apply when medications are administered or stored by the assisted living program.
   (a) Supervision of self-medication and administration of medications shall be provided by an Iowa-licensed registered nurse or advanced nurse practitioner registered in Iowa or the practitioner's authorized agent in accordance with 655-subrule 6.2(5) and Iowa code chapter 155A.
   (b) Medication shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications.
   (c) The medications shall be labeled and maintained in compliance with label instructions and state and federal laws.
   (d) No person other than the dispensing pharmacist shall alter a prescription label.
   (e) Each resident's medication shall be stored in its originally received container.

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(f) When partial or complete control of medication is delegated to the program by the tenant, appropriate staff may transfer medications from the original prescription containers into medication reminder boxes or medication cups in the resident's presence.

(g) The program shall follow written policies and procedures for narcotic medication in accordance with Iowa chapter 155A.

(h) The assisted living program shall document any medication the program has agreed to administer or store on a Medication Profile sheet.

(i) The Medication Profile shall document:

2. Allergies
3. Date medication ordered and discontinued
4. Medication name, dosage, route and frequency
5. Contraindications
6. Medication actions and side effects
7. Adverse reactions

(j) The medication profile shall be reviewed every 90 days, or after a change in condition, by a RN to ensure appropriateness and identify potential adverse reactions

(k) Verbal or telephone orders for medications must be written on a Physician order form and sent to the physician for signature. & the date & time.

(l) Medications will be set-up weekly in a 7-day medication box by an RN. The RN will delegate to the Resident Assistant (RA) daily dispensing of medications. The RA will initial and date on the Medication Administration Record after each resident is dispensed their medications. The resident's medications will be secured in the medication lock box located in each resident's bathroom. The Resident Assistant on duty will have a key to the lock box.

VAN BUREN COUNTY HOSPITAL
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SUBJECT: **Nurse Review**	POLICY REFERENCE: **G 180**
SOURCE:	DATE EFFECTIVE: 3/9/05 DATE REVISED:
DEPARTMENT: **Village Terrace Assisted Living**	APPROVED BY_____ DATE_____

Procedure: A program that administers prescription medications or provides health care professional-directed or health-related care shall provide for a registered nurse to:

1. Monitor, at least every 90 days, or after a change in condition, each resident receiving program-administered prescription medications for adverse reactions to program-administered medications and make appropriate interventions or referral, and ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders; and
2. Ensure that health care professionals' orders for residents receiving health care professional-directed care from the program are current; and
3. Assess and document the health status of each resident, make recommendations and referrals as appropriate, and monitor progress on previous recommendations at least every 90 days or if there are changes in health status, and
4. Provide the program with written documentation of the activities, as set forth in (1) through (3), showing the time, date and signature.

Resident Assistant (RA) Competency Documentation

- Has been delegated the task of medication distribution to the residents of Village Terrace. I have observed this RA distributing medications.

- Has been delegated the task of assisting the residents of Village Terrace with personal cares. I have observed this RA assisting residents with personal cares.

This Resident Assistant has successfully demonstrated competency in the areas of medication distribution and personal cares as delegated by the Village Terrace Registered Nurse.

RA Signature	**Date**	**RN Signature**	**Date**

VILLAGE TERRACE ASSISTED LIVING

Resident Assistant Orientation

*Name*_____ *Date*_____

Dietary Department: Serve/Safe Sanitation Course

4 hour training

a) *food safety*
b) *ensuring proper personal hygiene*
c) *purchasing, receiving, storing food*
d) *preparing, cooking, serving food*
e) *cleaning and sanitizing*
f) *food safety challenge good practices, bad practices quiz*

Laundry Services:

Sanitization of washer and dryer

Housekeeping:

3 hours with housekeeping

a) *cleaning/disinfecting public areas*
b) *cleaning products*
c) *storage & purchase of supplies*

Hospital Orientation:

a) *HIPPA*
b) *Confidentiality/patient rights & responsibilites*
c) *Infection control, Bloodborne Pathogens, TB isolation*
d) *Fire & Electrical Safety*
e) *Employee Health*
f) *Workplace Violence & Customer service*
g) *Back Care*

Assisted Living:

a) *Review policy manual*
b) *Review fire safety manual*
c) *Review evacuation plans & routes (all apts./common areas)*
d) *Review resident directory*
e) *Review resident service plans*
f) *Kitchen refrigerator log*
g) *Cleaning schedule*
h) *Competency training*

May 2005
Village Terrace Activity Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Sunday Brunch 10:00 Games/cards 2:00 Worship Service 4:00 W/ piano sing-a-long	2 Coffee Clutch-9:00 Exercise class—10:30 Bingo –Senior Center-1:00	3 Coffee Clutch-9:00 Public Library-10:00 Crafts—2:00 Movies-3:30	4 Coffee Clutch-9:00 Exercise class –10:30 Music-11:30 Bingo-Senior center 1:00	5 Coffee Clutch-9:00 Exercise class-10:30 Gardening—2:00 Movies- 3:30	6 Coffee Clutch-9:00 Public Library 10:00 Bingo—Senior center 1:00 Games/Cards 2:00	7 Coffee Clutch-9:00 Beauty shop-12:30 Baking-10:00 Scenic drive-2:00
8 Sunday Brunch 10:00 Games/cards 2:00 Worship Service 4:00 W/ piano sing-a-long	9 Coffee Clutch-9:00 Exercise class—10:30 Bingo –Senior Center-1:00	10 Coffee Clutch-9:00 Public Library-10:00 Crafts—2:00 Movies-3:30	11 Coffee Clutch-9:00 Exercise class –10:30 Music-11:30 Bingo-Senior center 1:00	12 Coffee Clutch-9:00 Exercise class-10:30 Gardening—2:00 Movies- 3:30	13 Coffee Clutch-9:00 Public Library 10:00 Bingo—Senior center 1:00 Games/Cards 2:00	14 Coffee Clutch-9:00 Beauty shop-12:30 Baking-10:00 Scenic drive-2:00
15 Sunday Brunch 10:00 Games/cards 2:00 Worship Service 4:00 W/ piano sing-a-long	16 Coffee Clutch-9:00 Exercise class—10:30 Bingo –Senior Center-1:00	17 Coffee Clutch-9:00 Public Library-10:00 Crafts—2:00 Movies-3:30	18 Coffee Clutch-9:00 Exercise class –10:30 Music-11:30 Bingo-Senior center 1:00	19 Coffee Clutch-9:00 Exercise class-10:30 Gardening—2:00 Movies- 3:30	20 Coffee Clutch-9:00 Public Library 10:00 Bingo—Senior center 1:00 Games/Cards 2:00	21 Coffee Clutch-9:00 Beauty shop-12:30 Baking-10:00 Scenic drive-2:00
22 Sunday Brunch 10:00 Games/cards 2:00 Worship Service 4:00 W/ piano sing-a-long	23 Coffee Clutch-9:00 Exercise class—10:30 Bingo –Senior Center-1:00	24 Coffee Clutch-9:00 Public Library-10:00 Crafts—2:00 Movies-3:30	25 Coffee Clutch-9:00 Exercise class –10:30 Music-11:30 **Resident council mtg. 1:00**	26 Coffee Clutch-9:00 Exercise class-10:30 Gardening—2:00 Movies- 3:30	27 Coffee Clutch-9:00 Public Library 10:00 Bingo—Senior center 1:00 Games/Cards 2:00	28 Coffee Clutch-9:00 Bake Sale for activity bus fund. 10:00 Beauty shop-12:30
29 Sunday Brunch 10:00 Games/cards 2:00 Worship Service 4:00 W/ piano sing-a-long	30 Coffee Clutch-9:00 Exercise class—10:30 Bingo –Senior Center-1:00	31 Coffee Clutch-9:00 Public Library-10:00 Crafts—2:00 Movies-3:30				