IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

May 31, 2013

Ms. Kay Gabriel, Director of Nursing
Village Terrace Assisted Living
302 Franklin Street
Keosauqua, IA 52565

**RE: Final Recertification Monitoring Evaluation Report – Village Terrace Assisted Living, Keosauqua, IA**

Dear Ms. Gabriel:

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.

DIA has completed the review of your Plan of Correction (POC) in response to the **Preliminary Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

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.

Enclosed you will find the Assisted Living Program Certificate **S0174** with effective dates of **May 30, 2013** through **May 29, 2015**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

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:**

Kay Gabriel, Director of Nursing
Village Terrace Assisted Living
302 Franklin Street
Keosauqua, IA 52565

**Date of Monitoring Visit:**

April 3, 2013

**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: | 9 |
| Number of tenants with cognitive disorder: | 0 |
| Total Population of Program at time of on-site | 9 |
| **TOTAL census of Assisted Living Program** | 9 |

**Tenant/Family Satisfaction Results** – A community meeting was held with seven tenants. The tenants said they liked living at the Program because they liked the people, it was a nice environment and they didn't have to cook. Housekeeping services were described as excellent and the buildings and grounds were safe, clean and sanitary. Nursing services were available when needed and staff responded quickly when called for assistance. The tenants stated they received the services expected when they signed the occupancy agreement. The care was described as very good and staff treated the tenants wonderfully. Staff knew what services to provide and was trained appropriately. The tenants liked the food and said they received a good variety of meats, vegetables and desserts. Foods were served at the appropriate temperature and the tenants had no suggestions for improvements to the food. Plenty of activities were offered and they enjoyed ice cream parties and playing Skip Bo. The tenants said they felt safe, made their own decisions, were generally satisfied with the Program and had recommended it to others. The tenants said there was no better place.

**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. Evaluation of Tenant**

Monitoring Observation: Three tenant files (Tenant #1, #2 and #3) were reviewed.

Tenant #1, an 80 year old was admitted on 9-3-10 and diagnoses included: Graves Disease, Atrial Fibrillation and Narcolepsy. An annual functional and health evaluation was completed on 8-22-12. An annual cognitive evaluation was not completed.

Tenant #2, a 93 year old was admitted on 7-1-11 and diagnoses included: Gastro Intestinal Bleed, Gastro Esophageal Reflux Disease and Osteoporosis. A managed risk agreement was signed on 10-30-12 for concerns due to falls. Tenant #2 agreed to use a walker or wheelchair and to wear an emergency pendant. On 10-31-12, functional and health evaluations were completed due to a significant change. A cognitive evaluation was not completed.

Review of tenant files indicated cognitive evaluations were not completed as needed with significant change, or at least annually.

Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

**B. Service Plan**

Monitoring Observation: Three tenant files (Tenant's #1, #2 and #3) were reviewed.

Tenant #1's file indicated an annual functional and health evaluation was completed on 8-22-12. An annual cognitive evaluation was not completed. An annual service plan was not developed.

Tenant #2's file indicated a managed risk agreement was signed on 10-30-12 for concerns due to falls. Tenant #2 agreed to use a walker or wheelchair and to wear an emergency pendant. On 10-31-12, functional and health evaluations were completed due to a significant change. A cognitive evaluation was not completed. A service plan was developed on 10-31-12 due to a significant change but was not based on the cognitive evaluation. The service plan was not signed by the tenant or the tenant's legal representative.

Tenant #3, a 93 year old was admitted on 1-21-13 and diagnoses included: Hyperlipidemia, Osteoporosis, Hypertension, Degenerative Joint Disease, Bilateral Hip Pain and Bilateral Shoulder Pain. An initial functional and cognitive evaluation was completed on 1-17-13. A health evaluation was completed on 1-21-13. A service plan was developed on 1-17-13. The preliminary service plan was not based on the health evaluation. The service plan was not signed by the tenant or the tenant's legal representative.

Review of tenant files indicated service plans were not based on the evaluations or were not developed. Service plans were not signed by the tenant or the tenant's legal representative.

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: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant

and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the participant or the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))

Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. (IAC r. 481-69.26(3)(a))

**C. Staffing**

Monitoring Observation: Four staff files (Staff #1, #2, #3 and #4) were reviewed.

Staff assists tenants with personal cares, such as activities of daily living, and with medication reminders and/or medication administration.

Staff #2, a Cook and Resident Assistant (RA), was hired on 5-12-03. Staff #2's file did not include any documentation of nurse delegations. The Director of Nursing (DON) had not completed nurse delegated tasks.

Staff #3, an RA, was hired on 10-6-07 and had documentation of nurse delegated medication distribution and personal cares completed on 10-30-07 by a nurse who was no longer at the Program. The DON had not completed nurse delegated tasks.

Staff #4, an RA, was hired on 1-25-08 and had documentation of nurse delegated medication distribution and personal cares completed on 1-16-10 by a nurse who was no longer at the Program. The DON had not completed nurse delegated tasks.

The DON was hired on 2-25-13 and stated she had not completed nurse delegated training for staff.

Review of staff files did not reflect nurse delegated training by the current DON.

Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))