Iowa Department of Inspections and Appeals
Assisted Living Program
Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Paula Pillen, Administrator
Arbor Springs Assisted Living Program
7951 EP True Parkway
West Des Moines, IA 50266

Date of Monitoring Visit:

August 25, 2004

Monitor(s):

Mary Oliver, LISW
Rose Boccella, MS
Ann Martin, RN
Hal Chase, RN

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 an Initial 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 Arbor Springs Assisted Living Program on August 25, 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: 13

Tenant/Family Satisfaction Results – Members of three families were interviewed. Tenants were not interviewed due to their level of dementia. Two of three family members were very pleased with the program and said they would recommend the program to others. One family member had concerns regarding availability of substitute foods, lack of ethnic foods, and activities.

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. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Monitoring Observation: The program had a form, as part of the occupancy agreement, to be used ensuring tenants and legal representatives were aware of discharge criteria. The occupancy agreement stated the tenant or legal representative would sign this additional document. Although the program administration explained that it was an oversight, the additional document was not found in the five tenant files that were reviewed.

- Regulatory Insufficiency: The program did not include required transfer criteria and procedures in the occupancy agreement or within attachments to the occupancy agreement.

B. 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: Five of the five tenants' files reviewed did not have a scored mental status evaluation before admission. Program staff stated they were doing the scored mental status evaluation two to three days after admission. Three of the five files reviewed did not have a functional, cognitive or health status evaluation accomplished within 30 days of admission to the program.

- Regulatory Insufficiency: The program did not complete all of the required evaluations prior to or within 30 days of admission.

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

Monitoring Observation: For the five tenant files reviewed, the service plans did not include detailed activities for those tenants who could not plan their own activities.

- Regulatory Insufficiency: The program did not ensure service plans included planned and spontaneous activities based on the tenants' abilities and personal interests.

D. 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: Based on staff training records and staff interviews, certified nurse aides and certified medication aides were not delegated, trained or tested on routine caregiving duties by the registered nurse.

- Regulatory Insufficiency: The program did not ensure that all personnel received training appropriate to assigned tasks.

E. Exit Door Alarm System – A dementia-specific program shall have an operating alarm system connected to each exit door. [321 IAC 25.37(2)]

Monitoring Observation: The front exit door to the building was not locked or alarmed.

- Regulatory Insufficiency: The program did not ensure all exit doors were alarmed.

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: The program provided a monthly calendar in very small print that was non-specific in regard to activities provided. Twenty-four of thirty-one days had motor activity scheduled at 10:30 a.m.; specific motor activities were not identified, nor were alternate activities for tenants who did not participate identified. Except for Sundays and one other day, individual activities were scheduled for 11:00 a.m. For most days, individual activities were listed for 2:30 p.m. and 4:30 p.m. No list of activities was available. On most days, there was a specific activity scheduled for 3:30 p.m. but no alternative activities for tenants who did not want to participate in the planned activity. Tenants were observed walking around the common areas. Three tenants were sitting at a table talking with a visitor and one tenant was observed standing at her door. No organized activities were observed. Program staff stated four of 13 tenants had participated in exercises in the morning; no alternate activity was available during exercise time. Interviews with staff and record review indicated several tenants made numerous attempts to elope each day. No activities were planned to address or alleviate this behavior.

- Regulatory Insufficiency: The program did not provide activity programming reflecting individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills.

Dated this 14th day of September 2004.