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

Assisted Living Program:

Phillip Chase, Administrator
Silvercrest at the Woodlands
12605 Woodland Ave.
Clive, IA 50325

Date of Monitoring Visit:

October 14, 2004

Monitor(s):

Ann Martin, RN
Jan O'Briant, LISW
Hal Chase, BSN, MPH
Rose Boccella, MS

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 Silvercrest at the Woodlands on October 14, 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:	0
Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	12
Current number of tenants without cognitive disorder:	62
Total Population:	74

Tenant/Family Satisfaction Results – A community meeting was held before lunch and was attended by twenty-one tenants and two family members. Overall, tenants voiced a high level of satisfaction with the program. They stated the food is excellent, staff is caring and attentive and they feel they are in charge of their lives and day-to-day decisions. One tenant stated, "We tell the staff what to do; they don't tell us what to do." Family members interviewed also expressed satisfaction with the program. One said the family feels comfortable leaving town, knowing their loved one is safe and secure living at the program.

Complaint History – There have been 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: Eight tenant files were reviewed for compliance with evaluation regulations. All files reviewed contained the required cognitive, functional and health evaluations prior to occupancy. After admission, the program did not repeat the three components of evaluation (cognitive, functional and health) at the required intervals of within 30 days of admission, with a status change but not less than annually. These intervals are required for tenants receiving personal or health-related care from the program.

- Regulatory Insufficiency: The program did not complete the required evaluations at the intervals required by regulation for tenants receiving personal or health-related care.

B. 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: Tenant #1 is 92 years old and was admitted to the program on March 1, 2004. The tenant is married and shares an apartment with tenant's spouse. The tenant has diagnoses of bowel incontinence, dementia and hypertension. Chart review, direct-care staff interviews and observation of the tenant reveals the tenant requires two-person transfer. The RN reports that the majority of program staff members are unable to transfer the tenant without assistance of another. The RN says the tenant cannot consistently bear weight and is unable to ambulate.

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 and health care needs are, at this time, within the parameters allowed in an assisted living program.

C. Nursing Assistant Work Credit – Program shall complete and submit to DIA an Iowa Nurse Aide Registry Application for each nursing assistant working in the program. Quarterly reports shall be submitted when change in employment occurs. [321 IAC 25.31]

Monitoring Observation: Discussion with leadership staff revealed the program does not have a policy or procedure in place to report Certified Nurses Aide (CNA) staff hours to the Iowa Nurse Aide Registry.

- Regulatory Insufficiency: The program did not notify registry of CNA staff hours.

D. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Monitoring Observation: During the on-site visit, monitors discovered the program is a dementia-specific program having five or more tenants at 4 or above on the Global Deterioration Scale (GDS). Review of personnel and training files, and discussions with leadership staff revealed the program has not provided dementia-specific education to staff.

- Regulatory Insufficiency: The program did not provide a minimum of six-hours of dementia-specific education and training for staff prior to or within 90-days of employment.

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: Monitors determined the program is dementia-specific. Therefore, the program is required to have alarms on each exit door for the safety of tenants.

- Regulatory Insufficiency: The program does not have operating alarms systems connected to each exit door, as required for Dementia Specific Programs.

Dated this 12th day of November 2004.