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

Assisted Living Program:

Betty Howell, Administrator
Sunny Brook Assisted Living
3000 West Madison Avenue
Fairfield, IA 52556

Date of Monitoring Visit:

December 1, 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 Sunny Brook Assisted Living Program on December 1, 2004. In preparing this report, the following information was considered:

Current Program Census:

Dementia Specific Program (DSP) **–**

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):	22
Current number of tenants without cognitive disorder:	28
Total Population:	50

Tenant/Family Satisfaction Results –Results of the community meeting and tenant and family interviews indicated the tenants and family were satisfied with the program and would recommend it to others. Tenants stated there were many things to do at the program and there were a good variety of activities. Tenants and family stated staff and the administrator were kind and good. The tenants felt they received good care and felt the staff was loving towards them. Family and tenants stated staff respected their privacy. Tenants stated at the community meeting that the food could be improved, especially the tenderness of the meat served. A few expressed an interest in seeing more of a variety of meals served. Tenants did not offer any complaints in regards to the temperature of the food. Tenants and family members stated the common areas and the apartments were always kept clean and well maintained.

Complaint History –There were two substantiated complaints in the areas of service plan requirements and staffing issues during this certification period.

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

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

Monitoring Observation: Review of five tenant files and interviews with administrative staff indicated that the program evaluated tenants prior to occupancy and again within 30 days of occupancy and at least annually.

Review of five tenant files indicated the service plans were not developed until after admission and did not address expected outcomes for tenants. Service plans were individualized and signed by the appropriate participants.

Based on tenant and family interviews activities were provided to all tenants. The program had a full time activity director and a monthly calendar of activities, which were appropriate for the population. Review of five tenant files indicated the service plan had a place to document for activities and tenant interests. Three of the five tenant files reviewed did not include, on the service plan, activities for those unable to plan their own.

- Regulatory Insufficiency: The program did not develop a preliminary service plan for each tenant prior to admission.

- Regulatory Insufficiency: The program did not have a service plan tool that addressed expected outcomes.

- Regulatory Insufficiency: The program did not individualize service plans for those tenants unable to plan their own activities.

B. 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: Review of employee files and interviews with the administrative staff indicated the program had documented RN delegation training for direct care staff. However, the program no longer employs the RN that provided and documented the training. The new RN has not documented training of direct care staff. The program has developed a training packet for medication administration that will be implemented by the new RN. In addition, a checklist of training for activities of daily living will be utilized.

- Regulatory Insufficiency: The program did not provide appropriate training for direct care staff.

Dated this 14th day of December 2004.