Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Mr. Lyman Bailey, Administrator
Sunrise Villa Assisted Living
308 North 12th St.
Bellevue IA 52031

Date of Monitoring Visit:

December 26, 2007

Monitor(s):

Lincoln Newsom, 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 a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit 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 Sunrise Villa Assisted Living on December 26, 2007. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	20
Current number of tenants with cognitive disorder:	0
Total Population:	20

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting with nine tenants was held and a tenant interview. Tenants said they are thankful the program is available to them and it's a nice place to live. Staff is good to them and attentive to their needs. The food is not like home cooking, but it is good and they have choices and get enough to eat. Tenants wished they had more fresh fruit and vegetables. Two tenants wished the Administrator would replace the carpet in their rooms. Tenants felt there were enough activities, felt safe in the program and are getting what they are paying for. They still make their own daily decisions and are glad they have personal emergency call pendants to use. All stated they liked the program and would recommend it to friends and family. The tenant interviewed said the roast beef and chicken were good. The tenant wished there were volunteers in the building so someone could read to them from time to time, because staff is too busy. The tenant said that all visitors are treated nice and they liked living in 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. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

Monitoring Observation: A copy of the program's evacuation plan was obtained which indicated the fire extinguisher, fire pull alarm and safe exits of the building. Upon inspection it was noted the north facing door and the south facing door on the west side of the building were not able to be opened. The doors were either locked or frozen shut. Both doors had a sign above them stating exit.

- Regulatory Insufficiency: The program did not follow written emergency policies and procedures in regard to egress per the Life Safety Code 32.3.2 and Iowa Administrative Code 25.37(1).

Dated this 29th day of January, 2008.

Sunrise Villa Assisted Living
308 North 12th Street
Bellevue, Iowa 52031
Phone: (563)872-5521 Fax: (563)872-5609

January 21, 2008

Ms. Chris Nothaft
Department of Inspections and Appeals
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

SUBJECT: SUNRISE VILLA ASSISTED LIVING, BELLEVUE, IOWA

Dear Ms. Nothaft:

This letter is in response to Sunrise Villa's preliminary recertification monitoring evaluation dated January 10, 2008. On behalf of Sunrise Villa Assisted Living, I respectfully submit our Plan of Correction for the insufficiency noted below.

Life Safety – The program shall follow written emergency policies and procedures and structural safety requirements.

Monitoring Observation – A copy of the program's evacuation plan was obtained which indicated the fire extinguisher, fire pull alarm and safe exits of the building. Upon inspection it was noted the north facing door and the south facing door on the west side of the building were not able to be opened. The doors were either locked or frozen shut. Both doors had a sign above them stating exit.

Regulatory Insufficiency – The program did not follow written emergency policies and procedures in regard to egress per the Life Safety Code 32.3.2 and Iowa Administrative Code 25.37(1).

Plan of Correction –

1. Elements detailing how the program will correct the insufficiency as it relates to the individual.

   Sunrise Villa Assisted Living will follow their Emergency Plans to ensure tenant safety.

2. What actions the program will take to protect tenants in similar situations.

   The assisted living staff will check all exit doors, making sure they open easily, when they perform housekeeping duties. Staff will be instructed to notify the administrator and maintenance if unable to open doors easily.

3. What measures will be taken to ensure the problem does not recur.

   Dan Ploessel, Ploessel Construction, fixed the south facing door on December 27, 2007. Please note that these exit doors are not capable of being locked, as doors are equipped with panic hardware. The north facing door was inspected by Dan Ploessel and is in working order. The exit sign at the end of the hallway, by the north door, has an arrow directing the egress exit route to the south door. The north facing door is not a fire exit. Justin Wade, State Fire Marshal, inspected both doors on Wednesday, January 16, 2008, and found both to be in working order. Justin approved the placement of the exit signs.

4. How the program plans to monitor performance to ensure solutions are permanent.

   The assisted living staff will check all exit doors, making sure they open easily, when they perform housekeeping duties. Staff will be instructed to notify the administrator and maintenance if unable to open doors easily. Lyman Bailey, Administrator, will routinely monitor all exit doors when he performs his daily building walk-through.

   If you have questions or concerns, please contact me at 563-872-5521. Thank you.

   Sincerely,

   Lyman Bailey

   Lyman Bailey
   Administrator