IOWA DEPARTMENT OF

INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 16, 2007

Eric Halverson, Administrator
Southfield Wellness Community
2414 Des Moines St
Webster City, IA 50595-3514

Dear Mr Halverson:

The Department of Inspections and Appeals (DIA) has completed the review of the Assisted Living Program recertification requirements for your program.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshall's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program. The Recertification Monitoring Evaluation report was previously sent to your program and the Plan of Correction has been accepted.

All recertification requirements have been completed. Enclosed you will find the Assisted Living Program Certificate # **S0209** with effective dates of **May 16, 2008** through **May 15, 2010.** This certificate must be posted in the building for public viewing.

If you have any questions regarding this certification, you may contact me at 515-281-5003

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Eric Halverson, Administrator
Southfield Wellness Community
2414 Des Moines St
Webster City, IA 50595-3514

Date of Monitoring Visit:

March 20, 2008

Monitor(s):

Michael Streepy 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 Southfield Wellness Community on March 20, 2008. 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:	12
Current number of tenants with cognitive disorder	3
Total Population:	15

***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 was held with 8 tenants. Tenants stated the living environment is "wonderful" with any concerns addressed promptly. Tenants stated staff are exceptional friendly and helpful with requests for assistance answered within ten minutes or less. Tenants stated the food is good with choices, and it is served family style. Tenants stated they could think of nothing staff or Administration could do to make the program better. Tenants stated satisfaction with activities with a good variety. Tenants stated they feel safe in the program and are receiving services signed for in the occupancy agreement. Tenants stated they make their own decisions with no restrictions. Tenants state medical services are fine with the nurse responding and the physician and family notified as needed. Tenants stated general satisfaction with the program and state they have recommended it to friends.

Program History – There were no substantiated complaints during this certification period.

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

A. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Monitoring Observation: Tenant #3, an 86 year old, was admitted on 2-18-06 with diagnoses including: Diabetes, Alzheimer's disease and Atherosclerotic Heart disease. The tenant had a Global Deterioration Score of 4, indicating moderate cognitive decline. Interdisciplinary notes of 12-18 through 12-21-2008 indicate a Urinary Tract Infection with physician ordered antibiotic, Cipro 250 milligrams twice daily for 10 days with a re-check of the urinary analysis in two weeks. The notes contained no follow up documentation or nurse review. Interdisciplinary notes of 02-13-08 indicate congestion and cold symptoms with physician ordered Z-pack 250 milligrams two tabs and then one tab daily for four days and Mucinex 1-2 tabs every 12 hours not to exceed 4 tabs in 24 hours. There was no documented evidence of nurse review

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations at least every 90 days or if there are changes in health status. (25.30(3))

Dated this 24th day of April, 2008.