IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 12, 2008

Ms. Patricia Peck, Administrator
Premier Estates Assisted Living
190 North 15th Street
Onawa, IA 51040

RE: Recertification Monitoring Evaluation Report, Premier Estates Assisted Living, Onawa, IA

Dear Ms. Peck:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) and your Request for Reconsideration in response to the **Recertification Monitoring Evaluation Report**. Your POC has been accepted as written.

Based on the information provided in the Request for Reconsideration, DIA accepts your request based on the fact that your van driver has the highest CDL license available which enables him to drive any vehicle. The Final report is enclosed.

Enclosed you will find the Assisted Living Program Certificate **#S0142** with effective dates of **June 13, 2008 through June 12, 2010.** This certificate must be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515-281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
Lead Certification Coordinator – Western
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Patty Peck, Administrator
Premier Estates Assisted Living
190 North 15th Street
Onawa, IA 51040

Date of Monitoring Visit:

April 21, 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 Premier Estates Assisted Living on April 21, 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:	21
Current number of tenants with cognitive disorder:	0
Total Population:	21

Dementia Specific Program (DSP) – Not applicable.

***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 10 tenants. Tenants stated the environment is very nice. Staff are very good and helpful with response to requests for assistance in five minutes or less. Tenants stated the food has gotten better with breakfast being the best meal; one tenant stated a dislike for the quality of the food. Tenants stated there are usually two choices and substitutes are offered. Tenants stated satisfaction with activities with "GOBS" of activities offered and a variety of things to do. They feel safe in the program and are aware of exits and fire drills. Tenants stated services are provided as expected in the Occupancy Agreement. They make their own decisions and there are no restrictions placed on them. Tenants stated satisfaction with medical services. Tenants stated general satisfaction and they would recommend the program to family and friends.

Program 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. 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: Tenant #1, an 87 year old was admitted 04-21-07 with diagnoses including: Macular Degeneration, Parkinson's disease, Osteoporosis, Arthritis and Bronchitis. The tenant had a score of 18 on the Mini Mental State Exam (MMSE) indicating moderate cognitive decline dated 5-18-07. The initial functional evaluation of 04-19-07 and 30 day evaluation of 05-18-07 did not include documentation of a health evaluation.

Tenant #2, a 96 year old was admitted 07-03-07 with diagnoses including: Congestive Heart Disease, Arthritis, Osteoarthritis and Phlebitis. The tenant had a score of 26 on the MMSE indicating mild cognitive decline dated 7-30-07. The initial evaluations dated 06-13-07 and an annual evaluation dated 07-30-07 did not include documentation of a health evaluation.

Tenant #3, a 101 year old was admitted 01-28-07 with diagnoses including: Hypothyroidism, Coronary Artery Disease, Arthritis, and Asthma. Review of the tenant's file revealed no documentation of health evaluations. Evaluations completed on 02-22-08 related to a change in condition did not include a health evaluation.

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's health status prior to occupancy to determine the tenant's eligibility for the program including whether services needed can be provided. (25.23(1))

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's health status within 30 days of occupancy, as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(2))

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

Monitoring Observation: Tenant #1's current service plan dated 05-18-07, was not based on a health evaluation.

Tenant #2's current service plan dated 07-30-07, was not based on a health evaluation.

Tenant #3's current service plan dated 02-22-08, was not based on a health evaluation.

Interview with the program nurse revealed there were no health evaluations documented for the service plans.

- Regulatory Insufficiency: The program did not consistently ensure service plans would be based on the evaluations conducted in accordance with 25.23(1) and 25.23(2) and designed to meet the specific service needs of the tenant. (25.28(1))

Monitoring Observation: Review of resident notes of Tenant #1 dated 3-5-08 indicated an appointment with the physician on 03-04-08 during which the physician ordered Bactrim DS twice daily for seven days for a urinary tract infection and the discontinuation of Risperdal and Celebrex. The service plan was not updated with change in condition.

Review of communication notes of Tenant #3 dated 02-06-08 indicated the tenant had been admitted to the hospital with pneumonia and returned to the program on 02-25-08, with physician's orders for oxygen. Resident notes of 03-17-08 indicate the physician had discontinued the oxygen therapy. The service plan was not updated to reflect a change in condition. The last update to the service plan was 02-22-08 while the tenant was still in the hospital.

- Regulatory Insufficiency: The program did not consistently ensure when a tenant needs personal care or health related care, the service plan would be updated as needed, by the multidisciplinary team that consists of no fewer than three individuals, including the health care professional and other staff appropriate to meet the tenant's needs. (25.28(3))

- Regulatory Insufficiency: The program did not consistently ensure the service plan would be individualized to indicate the tenant's identified needs and requests for assistance and expected outcomes. (25.28(4a))

C. 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: Review of resident notes of Tenant #1 dated 3-5-08, indicated an appointment with the physician on 03-04-08, during which the physician ordered Bactrim DS twice daily for seven days for a urinary tract infection and the discontinuation of Risperdal and Celebrex. There was no documentation of nurse review.

Review of communication notes of Tenant #3 dated 02-06-08, indicated the tenant had been admitted to the hospital with pneumonia and returned to the program on 02-25-08 with physician's orders for oxygen. Resident notes of 03-17-08 indicate the physician had discontinued the oxygen therapy. There was no documentation of nurse review.

- Regulatory Insufficiency: The program did not consistently ensure a registered nurse would assess and document the health status of the tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations if there are changes in health status. (25.30(3))

D. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: Review of personnel files reveal no documentation of annual in-service training in food protection for Staff #1, 2, 3, 4. Staff #1, the food service supervisor, with a hire date of 05-21-07, obtained a certificate from the office manager on

food safety. The office manager had no documentation of certification from a state approved food protection program.

Staff #2 and #3 were observed preparing and serving food at the noon meal on 04-21-08.

- Regulatory Insufficiency: The program did not consistently ensure personnel employed by the program or who contract with the program and are responsible for preparing or serving food, or both preparing and serving food, have an annual in-service training on food protection. At a minimum, one person directly responsible for food preparation shall have successfully completed a state-approved food protection program. (25.32(5))

E. 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 personnel files revealed no documentation of nurse delegation of tasks.

Staff #2, a Certified Nurse Aide, with a hire date of 05-22-07, had no documentation of nurse delegation or orientation.

Staff #3, a Universal worker, with a hire date of 10-01-07, had no documentation of nurse delegation or orientation.

Staff #4, a Universal Worker, with a hire date of 12-27-07, had no documentation of nurse delegation or orientation.

- Regulatory Insufficiency: The program did not consistently ensure the owner or management of the program who is responsible for ensuring all personnel employed by or contracting with the program would receive training appropriate to assigned tasks and target population. (25.33(5))

Dated this 10th day of June 2008.