

# INSPECTIONS & APPEALS

CHESTER J. CULVER  
GOVERNOR

DEAN A. LERNER, DIRECTOR

PATTY JUDGE  
LT. GOVERNOR

June 12, 2008

Melissa Kann, Administrator  
Lincolnwood Assisted Living  
302 W Lincoln St  
Edgewood, IA 52042

**RE: Preliminary Recertification Monitoring Evaluation Report, Lincolnwood Assisted Living, Edgewood, IA**

Dear Ms. Kann:

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

Based on the information provided in the Requests for Reconsideration, DIA accepts your requests and the amended evaluation Report is enclosed.

The recertification process entails other requirements that are not yet completed, such as, an updated application that indicates the square footage of your apartments and approval of your evacuation plans from our facilities engineer. Therefore, the document review process is still ongoing and upon completion the program's certificate will be issued.

If you have any questions in regard to this certification, please contact Chris Nothafft, your Certification Coordinator, at 515-281-4116.

Sincerely,



Ann Martin, Bureau Chief  
Adult Services Bureau

Enclosure

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

**Assisted Living Program:**

Melissa Kann, Administrator  
Lincolnwood Assisted Living  
302 W Lincoln St  
Edgewood, IA 52042

**Date of Monitoring Visit:**

April 30, 2008

**Monitor(s):**

Stephanie Cummins, SW MA

**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 Lincolnwood Assisted Living on April 30, 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: | 20 |
| Current number of tenants with cognitive disorder:    | 0  |
| Total Population:                                     | 20 |

**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 with 16 tenants and interviews with five tenants were held. The tenants did not offer any complaints regarding housekeeping or maintenance except at one point the wash machines were not working; however, the issue was resolved. They stated staff was short handed; however, they were getting their needs met. Tenants were concerned the nurse assisted with meals. Tenants waited three minutes or less when the pendant was used and did not have any concerns with staff response from the nursing facility. Tenants' comments regarding food ranged from good to not very good. The tables furthest from the kitchen reported issues with food temperature. Tenants enjoyed the choice of foods at meals, especially the meat; however, they want fresh vegetables instead of frozen and canned. They receive enough food and stated there was a lot of waste. One tenant reported he/she wanted a good cabbage salad. Tenants requested more diabetic choices at meals. One tenant stated juices were poured at meals at times without asking the tenant and another tenant indicated the meat was the biggest concern and the hamburger had something in it. Several tenants complained staff locked the front entrance door prior to 10:00 p.m., which was the time posted on the door. The tenants indicated if they were locked out they would not have a way to reach staff to let them in and would have to go to the nursing facility. The tenants enjoyed Bingo, musical activities, board and dice games and attending church. One tenant wanted more card players and card games. A tenant stated the bus was used for outings; however, the bus was so rough tenants did not want to go. Tenants stated they had fire drills quite often and felt safe. One tenant expressed concerns with the building expansion and room in the dining room for all of the tenants. Tenants were generally satisfied and would recommend the program to others.

**Program History** – There were no substantiated Regulatory Insufficiencies this past certification period.

**On-Site Monitoring Evaluation** – The monitor(s) made the observations detailed in the following areas. **There were no Regulatory Insufficiencies noted in this report.**

Dated this 12<sup>th</sup> day of June, 2008.