IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 31, 2008

Ms. Kathryn Moser, Administrator
Stoney Brook Village
705 South Pine Street
West Union, IA 52175

**RE: Recertification Monitoring Evaluation Report, Stoney Brook Village, West Union, IA**

Dear Ms. Moser:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **August 4, 2008 through August 3, 2010**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

**Assisted Living Program:**

Stoney Brook Village Assisted Living
Kathryn Moser, Administrator
705 S. Pine St
West Union, IA 52175

**Date of Monitoring Visit:**

July 14, 2008

**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 Stoney Brook Village Assisted Living on July 14, 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: | 24 |
| Current number of tenants with cognitive disorder: | 1 |
| Total Population: | 25 |

***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 five tenants was held. Tenants stated the place is wonderful and the outdoor yards are nice and there is a fishing pond on-site. Staff responds quickly when called and are respectful. Quality of food is good, there are choices and hot food is always served hot. A bible study group was requested as well as automatic front doors. It was felt there are adequate activities for all tenants. All stated they felt safe in the program and they were getting the services they are paying for. Tenants continue to make their own daily decisions. If there was an emergency, tenants utilize an emergency call pendant. They would recommend this program to family and friend.

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

Monitoring Observation: Tenant #1, an 87 year old, was admitted on 1-23-06 with diagnoses including: Senile Dementia and Hypertension. Nurse's notes of 6-28-08 indicate staff is to walk the tenant to and from meals for safety concerns. The tenant's service plan was not updated to reflect the needs of the tenant.

Tenant #2, an 89 year old, was admitted on 5-24-08 with diagnoses including: Cerebral Vascular Accident, Memory Loss and Hypertension. Nurse's notes of 5-27-08 indicate the tenant was receiving nursing aide services, physical therapy, occupational therapy services through a home health service. The tenant's initial service plan dated 5-24-08 does not indicate these services. Nurse's notes of 6-23-08, indicate the tenant was not receiving assistance through home health services. A nurse/aide communication form dated 6-19-08, indicated home health services were discontinued on 6-19-08. The program did not develop a service plan based on the needs of the tenant.

- Regulatory Insufficiency: The program did not update the tenant's service plan with a change in condition. (25.28 (3))

- Regulatory Insufficiency: The program did not individualize and indicate, at a minimum, the tenant's identified needs and the tenant's requests for assistance and expected outcomes. (25.28 (4))

- Regulatory Insufficiency: The program did not individualize the service plan and indicate, at a minimum, the service provider(s) if other than the program. (25.28 (4)(c))

Dated this 1st day of August, 2008.