IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

DEAN A. LERNER, DIRECTOR

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

August 5, 2008

Kathy Dawson, Administrator
Bethany Heights Senior Living
11 Elliott Street
Council Bluffs, IA 51503

RE: Initial Certification Monitoring Evaluation Report, Bethany Heights Senior Living

Dear Ms. Dawson:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Initial Certification Monitoring Evaluation**. Based upon a complete review of the report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC and certification of Bethany Heights Senior Living will continue.

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10.

The Assisted Living Program Certificate **#S0268** is enclosed with effective dates of **February 25, 2008** through **February 24, 2010**. This certificate is to 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 Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Kathy Dawson, Administrator
Bethany Heights Senior Living
11 Elliot Street
Council Bluffs, IA 51503

Date of Monitoring Visit:

June 26, 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 an Initial Certification 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 Bethany Heights Senior Living on June 26, 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:	5
Current number of tenants with cognitive disorder:	1
Total Population:	6

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 4 tenants. The tenants stated the environment is good. Staff are friendly and helpful and respond to requests for assistance within one to two minutes. The food is good and plentiful with substitutes available. Tenants stated activities are good with plenty to do. They feel safe in the program. Tenants stated they are receiving services as expected in the occupancy agreement and have awareness of limitations. Tenants stated they make their own decisions. Tenants stated they are new enough to the program they have had no experience with medical services in the event they should become ill, and are in no hurry to try them out. Tenants stated general satisfaction with the program and state they would recommend it to others.

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. 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 for Staff #2, a cook, with a hire date of 02-12-08, reveals no documentation of in–service on food protection training.

  Review of personnel files for Staff #4, a certified medication aide, with a hire date of 08-18-05, reveals no documentation of in-service on food protection training in the past year.

  Interview with the Administrator confirmed neither of the staff had received food protection training in the past year.

- Regulatory Insufficiency: The program did not consistently ensure personnel who are employed by or contracting with the program and who 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))

Dated this 5th day of August, 2008.