IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 9, 2008

Ms. Melodee Wilkens, Administrator
Mica Hill Estates
2121 Avenue L
Hawarden, IA 51023

RE: Recertification Monitoring Evaluation Report, Mica Hill Estates, Hawarden, IA

Dear Ms. Wilkens:

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 Final report is enclosed.

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 **October 4, 2008 through October 3, 2010**. If you have any questions regarding this certification, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Melodee Wilkens, Administrator
Mica Hills Estates
2121 Avenue L
Hawarden, IA 51023

Date of Monitoring Visit:

August 13, 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 Mica Hills Estates on August 13, 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:	14
Current number of tenants with cognitive disorder:	0
Total Population:	14

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 living environment is wonderful and well maintained. Staff are perfect, very helpful with response to requests for assistance within 2 to 3 minutes. The food is good with two choices being offered. Tenants are satisfied with the activities, with a good variety of things to do and involvement with the long term care area of the facility. They feel safe in the program and participate in fire drills monthly and practiced evacuations. They receive services as expected in the Occupancy Agreements and are aware of limitations. They make their own decisions without restrictions. Tenants are satisfied with medical services. Tenants state satisfaction with the program and would recommend it to family and 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 #1, a 96 year old was admitted to the program 10-10-02 with diagnoses including: Atrial Fibrillation, Hypotension and Cerebral Vascular Accident. Review of the tenant's record revealed nurse's notes dated 06-05-08 indicating a positive MultiStix urinalysis. A physician's order for Bactrim DS twice daily for five days was received. Nurse's notes dated 06-11-08 indicated completion of the antibiotic regimen and resolution of the urinary tract infection symptoms. Nurse's notes of 07-19-08 indicate return of urinary tract infection symptoms with another MultiStix urinalysis completed. Physician's orders for Bactrim DS twice daily for two weeks was received. Nurse's notes of 08-03-08 through 08-08-08 indicate the tenant complaining of shoulder pain and on 08-07-08 the presence of unexplained bruises to both arms and hands. The record contained no documentation of nurse review.

  Tenant #2, a 92 year old was admitted to the program 04-23-08 with diagnoses including: Atrial Fibrillation, Chronic Obstructive Pulmonary Disease and History of Prostate Cancer. Review of the nurse's notes of 06-05-08 reveals resolution of an upper respiratory infection. Notes dated 06-08-08 indicate a 2.6 by 2 centimeter skin tear on the left elbow and treatment with triple antibiotic ointment, telfa and transparent bandage through 06-11-08. The record contained no documentation of nurse review.

- Regulatory Insufficiency: The program did not consistently ensure that when the program administers prescription medications or provides health care professional – directed or health related care would provide for a registered nurse to 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))

B. 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 a lack of nurse delegation training. Staff #3, a Universal Worker, with a hire date of 01-07-99 had no documentation of nurse delegation for tasks.

Staff #4, a Universal Worker, with a hire date of 04-21-03, had no documentation of nurse delegation for tasks.

Interview with the Administrator on 08-13-08 revealed there was no documentation of nurse delegation.

- Regulatory Insufficiency: The program did not consistently ensure a sufficiently trained staff shall be available at all times to fully meet tenants' identified needs. (25.33(1))

Dated this 21st day of August, 2008.