IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 10, 2008

Patricia Heiden, Executive Director
Oaknoll Assisted Living
1 Oaknoll Ct.
Iowa City, IA 52246-5250

RE: Recertification Monitoring Evaluation Report, Oaknoll Assisted Living, Iowa City, IA

Dear Ms. Heiden:

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 recertification process entails other requirements that are not yet completed. We are still waiting on the final approval from the State Fire Marshall (SFM). Upon receipt of that approval your certificate will be issued. If the SFM approval is not received prior to your expiration date you will receive an extension certificate.

If you have any questions in regard to the certification process, 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:

Patricia Heiden, Executive Director
Oaknoll Assisted Living
1 Oaknoll Ct.
Iowa City, IA 52246-5250

Date of Monitoring Visit:

August 4, 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 Oaknoll Assisted Living on August 4, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	8
Current number of tenants without cognitive disorder:	20
Total Population:	28

***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 ten tenants and one tenant interview were held. The tenants were satisfied with laundry, housekeeping and maintenance. A couple of tenants had a concern about a spot on the carpet on the second floor by the desk. One tenant stated his/her bed linens were removed from the bed; however, were not taken from his/her room at the time they were removed from the bed. The tenant stated this was not routine and had only occurred one time. Tenants described the staff as excellent, nice and great. They stated staff were considerate and were the best staff on the campus. They indicated their needs were met and if they called for assistance staff arrived quickly. One tenant had concerns about staff going between first and second floor; however, indicated his/her needs were getting met. Tenants reported the food was good and the temperature, quantity and quality were appropriate. They stated there were a wide variety of foods served, including frog legs. The tenants reported they received a tray for breakfast or when they were not feeling well. They reported there were plenty of activities including: Bingo, Vespers and programs twice weekly. The tenants indicated they received a monthly calendar and they offered no concerns regarding activities. The tenants stated they felt safe. One tenant indicated the fire alarm was very loud and three tenants stated the alarms needed to be louder. The tenants stated they wanted to be notified sooner as to why the alarms were sounding. The tenants reported they made all of their own decisions and stated it was a great place. One tenant stated it was the best place to live and another tenant stated his/her sibling lived in an assisted living out of state and he/she wanted to live at this program.

Program History – There were no regulatory insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Monitoring Observation: Four tenant files were reviewed. Review of Medication Administration Records (MARs) indicated treatments were not consistently documented on the MARs.

Tenant #1	Check Wanderguard every day in the p.m.	June 2008, no initials on the MAR
Tenant #2	Blood Pressure and Pulse weekly	Between July 16 and July 30, 2008, blood pressure and pulse were documented only once.
Tenant #3	Weight every Monday	This was last documented in July on 7-15-08.

- Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules: 25.29(2)a, 655-6.2(5)e(152).

B. 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: Four staff files were reviewed. Staff #2 was hired on 1-25-08 and did not have documented training on food safety and sanitation until 7-28-08, not prior to handling food. Staff #3 was hired on 8-7-08 and did not have documented training on food safety and sanitation. According to the Human Resource Director, the annual in-service training on food safety and sanitation was scheduled for 7-16-08; however, was cancelled and had not yet been re-scheduled.

- Regulatory Insufficiency: The program did not consistently provide an orientation on sanitation and safe food handling prior to handling food and an annual in-service training on food protection for personnel employed by or contracting with the program and who are responsible for preparing or serving food, or both preparing and serving food. (25.32(5))

C. 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: Four staff files were reviewed. Staff #1, #2, #3 and #4 did not have documented nurse delegation training on medications, treatments or personal cares. The nurse indicated she provided the training for staff within the first five days of employment and, as necessary, when new tasks need to be performed; however, the training was not documented. The nurse indicated she provided training on various tasks including: medication administration, treatments and personal cares. Staff #1 and Staff #2 indicated in interviews they were trained by the nurse.

- Regulatory Insufficiency: The program did not consistently provide sufficient trained staff, available at all times, to fully meet tenants' identified needs. (25.33(1))

D. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Monitoring Observation: Four staff files were reviewed. Staff #3 and #4 did not have dementia training documented within 90 days of employment or annually.

- Regulatory Insufficiency: The program did not consistently provide a minimum of six hours of dementia-specific continuing education prior to or within 90 days of employment and annually for direct-contact personnel. (25.34(1)(3))

Dated this 10th day of September, 2008.