IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 15, 2008

Mr. Gary Parry, Administrator
Countryside Estates Assisted Living
921 Riverview Drive
Cherokee, IA 51012

RE: Recertification Monitoring Evaluation Report, Countryside Estates Assisted Living, Cherokee, IA

Dear Mr. Parry:

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 9, 2008 through October 8, 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:

Gary Parry, Administrator
Countryside Estates Assisted Living
921 Riverview Drive
Cherokee, Iowa 51012

Date of Monitoring Visit:

August 4, 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 Countryside Estates Assisted Living on August 4, 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:	11
Current number of tenants with cognitive disorder:	0
Total Population:	11

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 8 tenants and an interview was held with one tenant. Tenants stated the living environment is nice with no concerns. Staff are very good with response to requests for assistance within 4 to 5 minutes. Tenants were satisfied with the food at the program with substitutes offered. They take part in activities in the long term area of the facility and have an afternoon social hour in the assisted living area with a good variety of offerings. They feel safe in the program and take part in fire drills and have an awareness of the exits. Tenants feel they are receiving services as expected in their Occupancy Agreements and are aware of the limitations. Tenants state they make their own decisions with no restrictions. Tenants state staff respond appropriately to medical needs with nurses responding and other services provided. Tenants are generally satisfied with the program and would recommend it to friends and relatives.

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. 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 #2, an 81 year old was admitted to the program 06-01-07 with diagnoses including: Chronic Obstructive Pulmonary Disease, Atrial Flutter, Degenerative Joint Disease and Hyperlipidemia. Review of nurse's notes dated 05-28-08 reveals the tenant was observed by staff with "very labored" breathing. The notes of 05-30-08 reveal the tenant was seen by the physician and received an order for Zithromax 500 milligrams daily for five days. Nurse's notes of 06-06-08 indicate the tenant was again seen by the physician and returns with orders for oxygen at hours of sleep and as needed with staff assistance with cleaning and changing filters. The physician dictation dated 06-06-08 reveals the tenant was started on Doxycycline Hyclate 100 milligrams and Spiriva as well as ordering oxygen. The record contained no documentation of nurse review with the changes.

  Tenant #3, a 94 year old was admitted to the program 08-01-04 with diagnoses including: Congestive Heart Failure, Arthritis, Macular Degeneration and Hypothyroid. Review of nurse's notes dated 07-07-08 reveal the tenant complaining of a hearing noise around his/her head. The notes of 07-09-08 reveal the tenant was seen by the physician and received a physician's order for Cipro ear drops 4 drops in the left ear twice daily for seven days. The record contained no documentation of Nurse Review with the change.

- Regulatory Insufficiency: The program did not consistently ensure a registered nurse would monitor, at least every 90 days, or after a change in condition, each tenant receiving program administered prescription medications for adverse reactions to program administered medications and make appropriate interventions or referral, and ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (25.30(1))

- Regulatory Insufficiency: The program did not consistently provide 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. 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 reveal personnel responsible for preparing or serving food had no documentation of annual in-service training on food protection.

  Staff #1, a Universal Worker with a hire date of 06-30-08 had no documentation of orientation on sanitation and safe food handling and no documentation of annual in-service training on food protection.

Staff #2, a Universal Worker with a hire date of 03-06-08 had no documentation of orientation on sanitation and safe food handling and no documentation of annual in-service training on food protection.

- Regulatory Insufficiency: The program did not consistently ensure personnel who employed by or contracting with the program and who are responsible for preparing or serving food, or both preparing and serving food, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (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: Staff #1, a Universal Worker with a hire date of 06-30-08, had no documentation of nurse delegation of tasks.

  Staff #2, a Universal Worker with a hire date of 03-06-08, had no documentation of nurse delegation of tasks.

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

Dated this 15th day of September 2008.