IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 16, 2008 **CERTIFIED**

Ms. Stephanie Calkins, Administrator
Prairie View of Creston, LLC
1709 West Prairie
Creston, IA 50801

RE: I. Final Initial Monitoring Evaluation Report, Prairie View of Creston, LLC
II. Civil Penalty
III. Standard Certification
IV. Conclusion

Dear Ms.Calkins:

I. Final Initial Monitoring Evaluation Report, Prairie View of Creston, LLC

Enclosed is the **Final Initial Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with the Code of Iowa, Chapter 231C, Iowa Administrative Code, chapter 25, pertaining to assisted living programs and, chapter 26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The report notes the Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Service Plan, Nurse Review, Food Service, Staffing and Record Checks. A copy of the Final Report is enclosed.

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information. DIA is denying your Request for Reconsideration due to lack of documentation that the current RN in charge has signed off on all nurse delegation tasks assigned to staff.

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Initial Monitoring Evaluation Report, the civil penalty obligation, in the amount of five hundred ($500) dollars, is required.

III. Standard Certification

Also enclosed you will find the Assisted Living Program Certification with effective dates of **March 20, 2008 through March 19, 2010.**

IV. Conclusion

The Plan of Correction that was submitted is accepted and the Request for Reconsideration is denied. DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

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 Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Stephanie Calkins, Administrator
Prairie View of Creston, LLC
1709 W. Prairie
Creston, IA 50801

Date of Monitoring Visit:

July 21, 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 Prairie View of Creston, LLC on July 21, 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:	25
Current number of tenants with cognitive disorder:	2
Total Population:	27

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 11 tenants. Tenants stated the living environment is wonderful. Staff are very good and helpful with requests for assistance responded to in less than 5 minutes. Tenants stated food is good with the program providing too much. Tenants stated the only thing they could think of, when asked what the Administration or staff could do to improve the program, would be to furnish one more program owned wheelchair. Tenants stated the activities at the program are wonderful with a good variety. They feel safe in the program and stated they had had one fire drill and tornado drills as well. Tenants state they receive services as expected in the contracts. Tenants stated they make their own decisions without restriction. Tenants stated they are unsure of medical services as they have had no need for them. Tenants stated satisfaction with the program and would recommend it to friends and family.

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. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

- Monitoring Observation: Tenant #1, an 89 year old, was admitted to the program 05-12-08 with diagnoses including: Diabetes, Hypertension, Degenerative Joint Disease, Gastro Esophageal Reflux Disease and Osteoporosis. Review of the tenant evaluations revealed no documentation of a health evaluation within 30 days of occupancy.

  Tenant #2, an 88 year old, was admitted to the program on 04-13-08 with diagnoses including: Hypertension, Gastro Esophageal Reflux Disease, Osteoporosis, Chronic Obstructive Pulmonary Disease and T-12 Compression Fracture. Review of the tenant's evaluations revealed no documentation of cognitive and health evaluations within 30 days of occupancy. Review of the tenant record also revealed a nurse's note dated 06-17-08 indicating a fall and subsequent note dated 06-19-08 indicating the result of an x-ray revealing a hairline fracture of the pelvis. The record contained no documentation of functional and health evaluations following the change.

  Tenant #3 had no documentation of cognitive and health evaluations within 30 days of occupancy and no documentation of health evaluation prior to the service plan of 05-26-08.

- Regulatory Insufficiency: The program did not consistently ensure evaluation of each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. The evaluation shall be conducted by a health care professional or a human services professional. (25.23(2))

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

- Monitoring Observation: Tenant #1, had no documentation of service plan update within 30 days of occupancy.

  Tenant #2, had no documentation of service plan update within 30 days of occupancy. Review of the tenant record also revealed a nurse's note dated 06-17-08 indicating a fall and subsequent note dated 06-19-08 indicating the result of an x-ray revealing a hairline fracture of the pelvis. The record contained no documentation of service plan update following the change.

  Tenant #3 had no documentation of service plan update within 30 days of occupancy.

- Regulatory Insufficiency: The program did not consistently ensure when a tenant needs personal care or health related care, the service plan shall be updated within 30 days of occupancy and as needed, but not less than annually, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals

identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28(3))

C. 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, admitted 04-13-08, had no documentation of 90 day nurse review. Tenant #2 had nurse's notes dated 06-17-08 indicating a fall with complaint of pain. Nurse's notes of 06-19-08 reveal x-ray results indicating a hairline fracture of the pelvis; however, the record contained no documentation of nurse review.

  Tenant #3, admitted 03-21-08, had no documentation of 90 day nurse review. Tenant #3 had nurse's notes dated 07-21-08 indicating increased forgetfulness and the tenant's medications are set up by the registered nurse with the program medication manager now administering the medications. The record contained no documentation of nurse review.

- Regulatory Insufficiency: The program did not consistently ensure a registered nurse would 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))

D. 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 revealed no documentation of orientation of sanitation and safe food handling or annual in-service training on food protection for Staff #1, #2, #3, #4, #5 or #6. Staff #5, the Kitchen Manager had no documentation of successful completion of a state approved food protection program.

- Regulatory Insufficiency: The program did not consistently ensure that 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 orientation on sanitation and safe food handling prior to handling food and have 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))

E. 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 the personnel file for Staff #2, a certified medication aide, with a hire date of 01-08-08, revealed no documentation of nurse delegation training.

Review of the personnel file for Staff #3, a certified medication aide, with a hire date of 12-31-07, revealed no documentation of nurse delegation training.

Review of the personnel file for Staff #4, a certified nurse's aide, with a hire date of 12-31-07, revealed no documentation of nurse delegation training.

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

F. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

- Monitoring Observation: Review of personnel files for Staff #3, a certified medication aide with a hire date of 12-31-07, reveals the criminal background check was completed 10-18-07; however, the dependent adult abuse check had not been completed until 07-21-08.

- Regulatory Insufficiency: The program did not complete a Department of Public Safety, criminal history check and a Department of Human Services, dependent adult abuse check of the potential employee, prior to hire. (135C.33(1))

Dated this 16th day of September, 2008.