IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 26, 2008

Chris Marshall, Administrator
Sitler Center for Helpful Living
1015 S Iowa Ave
Washington, IA 52353-1126

RE: Recertification Monitoring Evaluation, Sitler Center for Helpful Living, Washington, IA

Dear Ms. Marshall:

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 also 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 #S0005 with effective dates of **October 1, 2008 through September 30, 2010**. If you have any questions in regard to this certification, 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:

Chris Marshall, Administrator
Sitler Center For Helpful Living
1015 S Iowa Ave
Washington, IA 52353-1126

Date of Monitoring Visit:

August 5, 2008

Monitor(s):

Lincoln Newsom, 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 Sitler Center for Helpful Living on August 5, 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:	7
Current number of tenants with cognitive disorder:	1
Total Population:	8

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. *(Delete the DSP statement that is not applicable.)*

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):	7
Current number of tenants without cognitive disorder:	4
Total Population:	11

***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 five tenants was held. Tenants stated the building is kept up and is very neat. Staff are respectful and respond quickly when called. Food service is good and choices are available. None of the tenants felt the Administrator needed to change anything. Tenants believe there are enough various activities. Tenants felt safe in the program, believe they are getting what they are paying for and continue to make their own decisions. If emergency help is needed, tenants all have an emergency call pendant. All tenants would recommend this program to others.

Program History – There were no Regulatory Insufficiencies this past 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, a 75 year old, was admitted on 4-26-07 and had diagnoses of: Alzheimer's Dementia, Depression, Diabetes and Hypertension (HTN). A cognitive evaluation was completed on 9-25-07, staging the tenant at a six on the Global Deterioration Scale (GDS) which indicated severe cognitive decline. A 90 day Health Status/ Medication Review sheet, dated March 5, 2008, indicated the tenant had received a previous order for Relafen and Physical Therapy (PT) services. PT had been initiated on January 18, 2008 and concluded on January 31, 2008. Nurse's Notes of 5-19-08, indicated the tenant was seen by a Psychiatric Nurse related to staff reporting increased behaviors. The program did not complete functional, cognitive and health evaluations to determine modifications to needed services.

Tenant #2, an 86 year old, was admitted on 11-8-07, with diagnoses of: Hyperlipidema, HTN, Hyperglycemia and Dementia. On 5-11-08 the tenant fell and sustained a hip fracture. The tenant returned to the program on 6-12-08, at which time a functional and health evaluation were completed; however a cognitive evaluation was not. The program did not complete functional, cognitive and health evaluations to determine modifications to needed services.

- Regulatory Insufficiency: The program did not complete a functional, cognitive and health evaluation as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. (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's service plan was dated October 4, 2007 and was signed by five staff; however, it did not include the signature of the tenant or the tenant's legal representative. The tenant received PT from January 8, 2008 to January 31, 2008. The program did not update the tenant's service plan to include the specific service needs of the tenant.

Tenant #2 had a service plan developed on 6-12-08; it was signed by four staff; however, it did not include the signature of the tenant or the tenant's legal representative.

- Regulatory Insufficiency: The program did not update the service plan as needed, by a multidisciplinary team of three individuals to meet the needs of the tenant, in consultation with the tenant, and if applicable, with the tenant's legal representative. (25.28(3))

- Regulatory Insufficiency: The program did not individualize the service plan and indicate, at a minimum, the service providers(s) if other than then the program. (25.28)(4)(c))

Dated this 26th day of September, 2008.