

INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

DEAN A. LERNER, DIRECTOR

PATTY JUDGE
LT. GOVERNOR

December 10, 2008

Mr. Rodney Buch, Administrator
Lakeview Village Assisted Living
3012 F Dr
Amana, IA 52203-8224

RE: Recertification Monitoring Evaluation Report, Lakeview Village Assisted Living, Amana, IA

Dear Mr. Buch:

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 Insufficiency, 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 with effective dates of **January 17, 2009 through January 16, 2011**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,



Chris Nothafft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION
(515) 281-5457
FAX: (515) 242-6863

ADMINISTRATIVE HEARINGS
(515) 281-4843
FAX: (515) 281-4477

Telephone Number for the Hearing Impaired: (515) 242-6515

HEALTH FACILITIES
(515) 281-4115
FAX: (515) 242-5022

INVESTIGATIONS
(515) 281-5714
FAX: (515) 242-6507

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

Assisted Living Program:

Rodney Buch, Administrator
Lakeview Village, Inc.
3012 F Drive
Amana, IA 52203-8224

Date of Monitoring Visit:

November 19, 2008

Monitor(s):

Stephanie Cummins, 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 Lakeview Village, Inc. on November 19, 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:	26
Current number of tenants with cognitive disorder:	4
Total Population:	30

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 with 18 tenants and 2 tenant interviews were held. The tenants do not have any concerns regarding housekeeping or laundry. They state maintenance staff repair things very quickly. One tenant states the lighting in the dining area needs improvement. Another tenant requested protection from the elements for his/her car. Tenants describe staff as excellent, kind, accommodating and great. They state there are enough staff to meet their needs. One tenant reported having the flu recently and received the “red carpet” treatment from staff. Tenants report when they call for staff assistance staff respond in less than five minutes. They state staff take good care of the tenants. Tenants enjoy the choices offered at meals. The temperature and quality of the food is very good, including the quality of the meat. They do feel they receive too much food and one tenant requested the evening meal be lighter. Tenants state activity staff do a good job and there are sufficient activities. They receive a calendar of activities and enjoy musical activities, games and puzzles. They feel safe and state there are routine fire drills and the alarms are loud enough to hear. Tenants state the nurse is always willing to listen and is accessible. They are satisfied living at the program and would recommend it to others. One tenant likes being able to bring his/her own furniture and belongings. One tenant stated the program is like “Heaven” compared to a prior residence.

Program History – There were no substantiated 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: Three tenant files were reviewed.

Tenant #1, a 93 year old, was admitted on 9-17-08 and diagnoses include: Type II Diabetes Mellitus, Hypertension (HTN) and Partial Small Bowel Obstruction. A cognitive evaluation was not completed within 30 days of taking occupancy. (While the health assessment completed within 30 days of taking occupancy addressed cognition; it was not a cognitive evaluation.)

Tenant #2, a 94 year old, was admitted on 6-16-08 and diagnoses include: Hyperlipidemia, HTN, Right Breast Mass, Prolapsed Bladder, History of Cerebrovascular Accident (CVA), Lipoma Right Hand, Hysterectomy and Appendectomy. A cognitive evaluation was not completed within 30 days of taking occupancy. (While the health assessment completed within 30 days of taking occupancy addressed cognition; it was not a cognitive evaluation.)

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's cognitive status within 30 days of taking occupancy. (25.23(2))

Dated this 10th day of December, 2008.