IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 18, 2008

Candi Gilani, Administrator
BeeHive of Spencer
2116 1st Avenue East
Spencer, IA 51301

RE: Recertification Monitoring Evaluation Report, BeeHive of Spencer, Spencer, IA

Dear Ms. Gilani:

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 **July 24, 2008 through July 23, 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:

Candi Gilani, Administrator
Beehive Homes of Spencer
2116 1st Ave East
Spencer, IA 51301

Date of Monitoring Visit:

July 15, 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 Beehive Homes of Spencer on July 15, 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:	8
Current number of tenants with cognitive disorder:	1
Total Population:	9

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. Tenants stated the program environment is very good. Tenants stated staff are very good and respond quickly to any requests. Tenants stated the food is good, but not too good, and they get enough. Tenants stated the activities are good with a variety of activities offered. Tenants stated they feel safe at the program and are aware of exits; however, they could not remember the last fire drill. Tenants stated they receive services as expected in their occupancy agreement. Tenants stated Administration and staff make their decisions telling them what to do, when to get up and where to sit at meals. Tenants stated medical services are good with staff responding quickly. Tenants stated they are generally not satisfied with the program and would not recommend it to others.

Program History – There were substantiated regulatory insufficiencies in the areas of Evaluation of Tenant, Service Plan, Nurse Review, Record Checks and Other during this certification period.

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

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

Monitoring Observation: Tenant #1, a 96 year old, was admitted to the program 07-20-00 with a diagnosis of a Pacemaker placement. Review of the tenant record reveals a service plan dated 05-23-08. The record contained no documentation of functional, health or cognitive evaluations since 11-29-07.

Tenant #2, an 86 year old, was admitted to the program 01-05-08 with diagnoses including: Chronic Obstructive Pulmonary Disease, Weakness and Failure to Thrive. Review of the tenant record reveals the service plan was not updated within 30 days of occupancy.

- Regulatory Insufficiency: The program did not consistently ensure a service plan would be developed for each tenant based on the evaluations conducted in accordance with 25.23(1) and 25.23(2), and designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently ensure when a tenant needs personal care or health related care, the service plan would 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))

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: Interview with the Administrator revealed no documentation of at least one staff person directly responsible for food preparation having successfully completed a state approved food protection program.

Review of personnel files revealed no documentation of food safety and sanitation training for Staff #2 or #3. The Administrator confirmed Staff #2 and #3 both cook and serve food.

- 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, would have an orientation on sanitation and safe food handling prior to handling food and shall 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))

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: Review of personnel files for Staff #2 and #3, both Universal Workers, reveals no documentation of nurse delegation of tasks. Interview with the Administrator reveals both staff pass medications to tenants.

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

D. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Monitoring Observation: Interview with tenants at the community meeting on 07-15-08 revealed tenants autonomy was infringed upon by Administration and program staff. Tenants stated the Administration and staff tell them when to get up and what to do including the assignment of seats at the dining area.

- Regulatory Insufficiency: The program did not consistently observe standards for assisted living programs that allow flexibility in design which promotes a social model of service delivery by focusing on independence, individual needs and desires, and consumer-driven quality of service. (231C.1b)

Dated this 28th day of July, 2008.