IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 17, 2008

Sherry Hughes, Administrator
Oak Estates Assisted Living
110 S Alice St
Conrad, IA 50621-2019

RE: Recertification Monitoring Evaluation Report, Oak Estates Assisted Living, Conrad, IA

Dear Mr. Hughes:

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.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **January 8, 2009 through January 7, 2011**. If you have any questions regarding this certification, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Sherry Hughes, Administrator
Oak Estates Assisted Living
110 S Alice St
Conrad, IA 50621-2019

Date of Monitoring Visit:

November 12, 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 Oak Estates Assisted Living on November 12, 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:	18
Current number of tenants with cognitive disorder:	1
Total Population:	19

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable.**

Tenant/Family Satisfaction Results – A community meeting with 12 tenants was held. Tenants stated the building and grounds are well kept, staff are wonderful, helpful and kind. Food quality and variety is good; however, hot food could be a little warmer. The tenants felt the Administrator didn't need to change anything with the program. There are enough activities and various types. Safety is not a concern; some tenants do not lock their doors during the day. Tenants stated they continue to make their own decisions and are getting what they are paying for. In the event of an emergency, tenants use their personal emergency call pendants. All tenants stated they would recommend the program to friends and family.

Program History – There have been no substantiated Regulatory Insufficiencies 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 88 year old, was admitted on 5-19-08 with diagnoses of: Dementia, Degenerative Joint Disease and Hypertension (HTN). The program completed initial function and health evaluations on 5-15-08, and a cognitive evaluation was completed on 5-14-08 prior to admission; however, the program did not complete evaluations within 30 days of admission to the program to determine the tenant's continued eligibility for the program and to determine any modifications to needed services.

Tenant #2, an 85 year old, was admitted on 4-29-07 with diagnoses of: Congestive Heart Failure, HTN and Coronary Artery Disease. The program completed an annual functional and health evaluation on 4-16-08, but did not complete a cognitive evaluation. Staff #1 stated this tenant was receiving hospice care. A clinical note for Palliative Hospice Care is noted and dated 10-29-08. The program did not complete functional, cognitive and health evaluations with a change in condition or on an annual bases.

- Regulatory Insufficiency: The program did not evaluate 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. (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 initial service plan was developed on 5-14-08. The program did not update the service plan within 30 days of admission. The initial service plan of 5-14-08 was not signed by the tenant or the tenant's legal representative and by two additional staff.

Tenant #2 did not have an annual service plan developed at the time the program completed functional and health evaluations on 4-16-08, nor did the program develop a new service plan when the tenant started receiving palliative hospice care. The initial service plan of 4-3-07 was not signed by the tenant or the tenant's legal representative and by two additional staff. The program did not update the initial service plan within 30 days of admission

- Regulatory Insufficiency: The program did not update the service plan within 30 days of occupancy and as needed, but not less than annually, by a multidisciplinary team that consist 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))

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

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's service plan of 4-3-07, indicates the tenant receives assistance with medication administration. There is no documentation related to the nurse completing 90 day reviews for health, medications for appropriateness and adverse reactions, or when the tenant started receiving palliative hospice care. The program did not assess and document the health status of the tenant with a change in condition or when providing program administered medications.

- Regulatory Insufficiency: The program did not 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 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 is a change 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: The ServSafe certificates the program provided for Staff #2 and #3, lead cooks, were expired. Staff #2's certificate expired on 4-22-08 and Staff #3's certificate expired on 6-10-08. The program did not have at a minimum, one person directly responsible for food preparation who had completed a state approved food protection program.

- Regulatory Insufficiency: The program did not consistently ensure 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 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))

Dated this 17th day of December, 2008.