IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 13, 2009

Christine Smith, RN Administrator
Lutheran Home Assisted Living Apartments
1413 2nd Avenue
Vinton, IA 52349-1695

RE: Recertification Monitoring Evaluation Report, Lutheran Homes Assisted Living Apartments, Vinton, IA

Dear Ms. Smith:

Enclosed is the **Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) pursuant to the Code of Iowa Chapter 231C and the Iowa Administrative Code Chapter 25. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed. 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 **#S0034** with effective dates of **April 17, 2009** through **April 16, 2011.** This certificate must be posted in the building for public viewing.

If you have any questions regarding 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:

Christine Smith, RN Administrator
Lutheran Home Assisted Living Apartments
1413 2nd Avenue
Vinton, IA 52349-1695

Date of Monitoring Visit:

March 31, 2009

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 Lutheran Home Assisted Living Apartments on March 31, 2009. 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:	19
Current number of tenants with cognitive disorder:	0
Total Population:	19

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 11 tenants and 1 tenant interview were held. Tenants do not have any concerns with housekeeping, laundry or maintenance. One tenant requested vacuuming one time per week. Tenants describe staff as great, good, excellent and wonderful. There is sufficient staff to meet the needs of the tenants and staff responds quickly when tenants call for assistance. Tenants do not have any concerns with the staff response from the nursing home after hours. Tenants report staff would do anything for them and they check on them if they are not at meals. One tenant stated one of the direct care staff was one in a million. Tenants state the temperature and quantity of the food is appropriate. They report the pork was tough one time, too much hamburger is served and the pre-cooked meat lacks flavor. Tenants state they can receive a tray meal if they are not feeling well. One tenant states more food substitutions are needed. Tenants receive a monthly activity calendar and the activities are listed daily on the board. They enjoy Bingo, card games, Nintendo Wii, musical programs, outings, the horse racing game, afternoon movies and cooking activities. Tenants feel there are sufficient activities offered and they can decline to participate in them. They feel safe, do not have any personal belongings missing, have fire drills and the alarms are loud enough to hear. Tenants state they are getting what they signed up for and they make their own decisions. The nurse is available and if she is not in the building and staff calls her, she arrives quickly. The tenants are satisfied with the program and would recommend it to others. One tenant stated he/she enjoys the friendly people and another tenant reported it feels like home. A tenant stated the program provides piece of mind for families.

Program History – There were no substantiated Regulatory Insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas. **There were no regulatory insufficiencies found during this on-site recertification monitoring evaluation.**

Dated this 13th day of April, 2009.