IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 10, 2009

Suzanne Menke, (SunnyBrook Management) Interim Manager
Sunnybrook of Ft. Madison
5025 River Valley Rd
Fort Madison, IA 52627-7605

RE: Initial Certification Monitoring Evaluation Report, SunnyBrook of Ft. Madison, Fort Madison, IA

Dear Ms. Menke:

Enclosed is the **Initial Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Code of Iowa, Chapter 231C and 321 IAC Chapter 25. **No Regulatory Insufficiencies were found during this evaluation**.

The on-site evaluation of your program demonstrates regulatory compliance, and your certification will continue for a period of two years, without interruption, from the original date of certification.

The Assisted Living Program Certificate **#S0280** is enclosed with effective dates of **August 8, 2008** through **August 7, 2010**. This certificate is to 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 Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Suzanne Menke, (SunnyBrook Management) Interim Manager
Sunnybrook of Ft. Madison
5025 River Valley Rd
Fort Madison, IA 52627-7605

Date of Monitoring Visit:

May 26, 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 an Initial Certification 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 SunnyBrook Ft. Madison on May 26, 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:	21
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	21

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	2
Total Census of ALP:	23

***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 13 tenants and 1 tenant interview were held. The tenants stated the building was clean; however, the cleaning in their individual apartments needed improvement. The cleaning was done quickly and the staff needed more training related to cleaning. Some of the tenants had missing laundry items including: washcloths, towels and pillow cases and they stated the laundry items were not sorted appropriately. The tenants did not have any concerns with maintenance. They described staff as nice, good and great and stated they had favorite staff. One tenant described the staff as a good bunch and stated everyone got along. Staff answered their requests for assistance in less than one minute. Tenants requested more veteran staff on the weekends and had concerns regarding the lack of leadership staff on weekends; however, there were not any negative outcomes related to this concern. Tenants reported staff needed more training on bathing tasks. One tenant reported he/she did not go out to a meal and staff checked on him/her and brought the tenant a meal tray. The tenants had three meals a day and had choices at meals. They stated the kitchen staff did a great job; however, more staff were needed because they seemed rushed. The meat was tough at times, the asparagus was difficult to cut and one tenant requested less rich desserts. The temperature of the food was appropriate; however, tenants requested insulated coffee cups to keep beverages warm. Tenants requested the sandwiches served at the evening meal be warmed up prior to serving. Tenants stated the activity director did a good job and they received an activity calendar. They enjoyed Bingo, Cribbage, exercises, card games and stated sufficient activities were offered. Two tenants reported the vehicle was difficult to get into; however, a step stool was provided. The tenants felt safe and indicated they had routine fire drills. The tenants felt they were getting what they signed up for upon admission and one tenant reported he/she had gone to leadership staff with issues and the issues were resolved. The tenants made their own decisions, were satisfied living at the program and would recommend it to others.

Program History – There have been 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 10th day of June, 2009.