IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

May 18, 2010

Susan Schmitt, Administrator
Arbor Place Assisted Living
1140 K Ave NW
Cedar Rapids, IA 52405-2430

RE: Recertification, Arbor Place Assisted Living, Cedar Rapids, IA

Dear Ms. Schmitt:

The Department of Inspections and Appeals (DIA) has completed the review of the recertification requirements for your program.

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 **#S0065** with effective dates of **March 15, 2010** through **March 14, 2012.** This certificate must be posted in the building for public viewing.

If you have any questions regarding this certification, you may contact me at 515-281-4116.

Sincerely,

Chris Nothaft

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF
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CHESTER J. CULVER
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DEMAND LETTER
CERTIFIED

May 17, 2010

Susan Schmitt, Director of Health Service
Arbor Place Assisted Living
1140 K Ave. NW
Cedar Rapids, IA 52405-2430

RE: I. Final Recertification Monitoring Evaluation Report, Arbor Place Assisted Living, Cedar Rapids, IA
II. Appeals/Hearings
III. Civil Penalty
IV. Conclusion

Dear Ms. Schmitt:

I. Final Recertification Monitoring Evaluation Report, Arbor Place Assisted Living, Cedar Rapids, IA

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and 481 Iowa Administrative Code (IAC) chapters 67 and 69. The report notes Regulatory Insufficiencies in the areas of: Nurse Review, Food Service, Staffing and Structural Requirements. Arbor Place Assisted Living (Program) is being assessed a $500.00 civil penalty.

DIA has reviewed the Plan of Correction (POC) and the Request for Reconsideration in response to the Recertification Monitoring Evaluation Report dated March 29, 2010. Based on the information provided, DIA denies the Request for Reconsideration as it relates to: Food Service, Staffing and Structural Requirements as the program was out of compliance at the time of the on-site.

DIA is accepting the Plan of Correction (POC).

II. Appeals/Hearings

The Program may appeal the DIA decision in accordance with 481 IAC rule 67.13, within 30 days of notice, by submitting a request for appeal to DIA. A contested case hearing will be

held pursuant to 481 IA C chapter 10. If the Program appeals, the civil penalty will be suspended, pending appeal process.

III. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send written notice to the Certification Coordinator and remit the penalty assessed by check or money order in the amount of three hundred twenty-five dollars ($325.00) within 30 business days after the receipt of this demand letter.

IV. Conclusion

The Program is being assessed a $500.00 civil penalty. DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal or request a hearing on the final findings, the Program may do so within 30 days of this letter.

If you have any questions regarding this letter and report, please contact your Certification Coordinator, Chris Nothaft, at 515-281-4116.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Susan Schmitt, Director of Health Service
Arbor Place Assisted Living
1140 K Ave NW
Cedar Rapids, IA 52405-2430

Date of Monitoring Visit:

March 29, 2010

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Arbor Place Assisted Living on March 29, 2010. In preparing this report, the following information was considered:

Current Program Census:

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

Total Population of DSP:	18
Total Census of ALP:	18

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – Two tenant interviews were held. The tenants did not have any concerns with the cleanliness of the building. Staff knocked on the apartment doors before entering and visitors were welcomed. They described the food as good and stated substitutions were available. There were sufficient activities and they enjoyed golf, bowling, music, exercises and rides. Tenants were informed of the activities and made their own decisions in regard to attending activities. Tenants described staff as very nice and enthusiastic and indicated there were enough staff and the tenants were treated well. They were getting what was promised at admission and made their own decisions. The nurse was available and they were satisfied with the program. The tenants would recommend the program to other people and stated the program had a pleasant, homelike environment. One tenant reported going to the Supervisor with concerns and the Supervisor was extremely conscientious about how the tenants felt.

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.

A. Nurse Review

Monitoring Observation: Four tenant files were reviewed and physician orders were not consistently documented with time, date and signature.

- Regulatory Insufficiency: To provide the program written documentation of the activities under the service plan, as set forth in rule 481-69.26(231C), showing time, date and signature. (IAC r. 481-69.27(4))

B. Food Service

Monitoring Observation: Six staff files were reviewed. Staff #4, #5 and #6 did not have an orientation on sanitation and safe food handling prior to handling food.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service on food protection. (IAC r.481-69.28(5))

C. Staffing

Monitoring Observation: Six staff files were reviewed. Staff #1 had a Medication Pass Guidelines form completed on 3-16-10; however, the observer was Staff #2, who was not a nurse. Staff #1 had an Orientation Checklist completed on 3-11-10 and the trainer was Staff #2, who was not a nurse. An Orientation Checklist, that included some Activities of Daily Living (ADL), was completed. Staff #2 did not have documented training on medications. Staff #3 did not have documented training on medications. Staff #4 had a Medication Pass Guidelines form completed on 3-15-10; however, the observer was Staff #2, who was not a nurse. Staff #4 had an Orientation Checklist completed on 3-11-10 and the trainer was Staff #2 and Staff #7, neither staff were nurses. Staff #5 did not have documented training on medications but did have an Orientation Checklist completed that showed the trainers as the Supervisor (LPN) and Staff #3. Staff #6 did not have documented training on medications but did have an Orientation Checklist completed indicating the trainer was the Supervisor (LPN). A review of six staff files indicated nurse delegation related to medications and ADLs was not consistently completed.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

D. Structural Requirements.

Monitoring Observation: A tour of the dementia-specific program was conducted with the Supervisor. A large sized shampoo container was setting out in a community bathroom, which was accessible to tenants. Laundry detergent was observed in a closet, with open doors, accessible to tenants. The Director of Health Services stated they have two tenants that do their own laundry and she felt locking the doors would be infringing on their autonomy.

- Regulatory Insufficiency: The buildings and grounds shall be well-maintained, clean, safe and sanitary. (IAC r. 481-69.35(1)b)

Dated this 17th day of May, 2010.