IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake: 29015-C

July 1, 2010

Mary Brandt, Administrator
Eiler House
920 W. Garfield
Clarinda, IA 51632

RE: Final Complaint Investigation and Safety Monitoring Evaluation Report – Eiler House, Clarinda, IA

Dear Ms. Brandt:

Enclosed is the **Final Complaint Investigation and Safety Monitoring Evaluation Report** from the on-site monitoring visit of June 22, 2010, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, 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 Complaint Investigation and Safety Monitoring Evaluation Report

Assisted Living Program:

Complaint Intake #: 29015-C

Mary Brandt, Administrator
Eiler House
920 W. Garfield
Clarinda, IA 51632

Date of Monitoring Visit:

June 22, 2010

Monitor(s):

Joyce Kix, 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. 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 Eiler House on June 22, 2010. 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:	17
Current number of tenants with cognitive disorder:	1
Total Population:	18

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.**

Program History – There were substantiated Regulatory Insufficiencies found in the areas of Evaluation of Tenant, Service Plans, Medications, Nurse Review, Food Service, Staffing, Record Checks, Managed Risk and Other during this certification period during this certification period.

The January 6 & 7, 2009 recertification visit resulted in a fine of $1,000 with Regulatory Insufficiencies found in the areas of: Evaluation of Tenant, Service Plans, Nurse Review, Food Service, Staffing, Managed Risk and Record Checks.

The September 8, 9, & 10, 2009 recertification revisit, complaint, and incident resulted in a fine of $5,000 and a Conditional Certificate was issued, effective October 20, 2009. Regulatory Insufficiencies were found in the areas of: Service Plans, Medications, Nurse Review, Food Service, Staffing, Record Checks and Other (lack of notification and not following their Plan of Correction). Sanctions include timely completion and submission of background checks on all new employees, 30-day nurse reviews to DIA, and submission of documentation of management training for the Director and RN.

The April 6, 2010 complaint and incident revisit resulted in no Regulatory Insufficiencies and the program was returned to standard certification.

The May 20, 2010 complaint investigation resulted in Regulatory Insufficiencies in the areas of Evaluation of Tenant and Service Plan this certification period.

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

A. Level of Care

Complaint allegation: It was alleged that a tenant exceeded criteria for assisted living level of care.

- Monitoring Observation: Three tenant files were reviewed. Observation, staff interview and file review identified no tenants that exceeded level of care criteria.

- Regulatory Insufficiency: None noted.

Dated this 2nd day of July 2010.