IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 31, 2009

Brent Olsen, Administrator
Whispering Willow Assisted Living
601 Dawn Avenue
Fredericksburg, IA 50630-1033

RE: Initial Certification and Incident Investigation Report, Whispering Willow Assisted Living, Fredericksburg, IA

Dear Mr. Olsen:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Initial Certification and Incident Investigation Report**. Based upon a complete review of the report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC and certification of Whispering Willow Assisted Living will continue.

The Assisted Living Program Certificate **S00284** is enclosed with effective dates of **September 9, 2008** through **September 8, 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 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Adult Services Bureau

Enclosure

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

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Iowa Department of Inspections and Appeals
Assisted Living Program
Final Initial Certification & Incident Monitoring Evaluation Report

Assisted Living Program: **Incident: #23640-I**

Brent Olsen, Administrator
Whispering Willow Assisted Living
601 Dawn Avenue
Fredericksburg, IA 50630-1033

Date of Monitoring Visit:

June 24 & 25, 2009

Monitor(s):

Michael Streepy 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 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 Whispering Willow Assisted Living on June 24 & 25, 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	4
Current number of tenants with cognitive disorder	1
Total Population of GPP:	5

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

Total Population of DSP:	4

Total Census of ALP: 9

***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 2 tenants and 1 tenant interview were conducted. Tenants stated the living environment is very nice with no maintenance concerns. Tenants stated staff are wonderful and treat them like family. Tenants stated staff response to requests for assistance take less than five minutes. Medical services with the nurse responding to the physician, or emergency services notified are good. Tenants stated the food is good, choices are available but too much food is offered. Tenants stated activities are very good with plenty offered. Tenants stated they feel safe, participate in fire drills, are receiving services as expected and are aware of limitations and make their own decisions with activities and daily life without restriction. Tenants stated they could think of nothing the Administration or staff could do to make the program better The tenants stated general satisfaction and would recommend the program to friends and family members.

Program History – There have not been any substantiated Regulatory Insufficiencies during the certification period.

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

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Monitoring Observation: The program reported Tenant #3 had fallen, sustaining a fractured hip on 05-26-09 while transferring him/her self from a couch to bed in his/her apartment.

Tenant #3, a 79 year old, was admitted to the program on 2-3-09 with diagnoses including: Cerebral-Vascular Accident with Weakness and Dementia, Fibromyalgia, Anxiety, Hypertension (HTN) and Osteoarthritis of Both Knees. The tenant had a score of five on the Mental Status Questionnaire, (MSQ) indicating moderately advanced impairment. Review of the tenant's record revealed no history of falls. The functional evaluation dated 5-7-09 indicated the tenant had been assessed as independent with ambulation and transfers with a steady gait

- Regulatory Insufficiency: None noted.

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, an 83 year old, was admitted to the program on 9-13-08 with diagnoses including: Senile Dementia, Diabetes, HTN and Hyperlipidemia. The tenant had a score of three on the MSQ, indicating severe brain dysfunction. Review of the tenant's service plan dated 2-16-09 revealed no documentation of planned and spontaneous activities based on the tenant's abilities and personal interests.

Tenant #2, a 94 year old, was admitted to the program on 4-2-09 with diagnoses including: Alzheimer's Dementia and Hypotension. The tenant had a score of zero on the MSQ, indicating severe brain dysfunction. Review of the tenant's service plan dated 4-30-09 revealed no documentation of planned and spontaneous activities based on the tenant's abilities and personal interests.

- Regulatory Insufficiency: The program did not consistently ensure the service plan would be individualized indicating at a minimum for those tenants who are unable to plan their own activities, including those tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (25.28(4)d))

Dated this 31st day of July, 2009