IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 24, 2010

Ms. Mary Jo Pipkin, Executive Director
Keystone Cedars
6325 Rockwell Drive NE
Cedar Rapids, IA 52402

RE: Final Recertification Monitoring Evaluation Report – Keystone Cedars, Cedar Rapids, IA

Dear Ms. Pipkin:

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 Iowa Administrative Code (IAC) chapters 481—67 and 481—69. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and 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 **S0195** with effective dates of **July 19, 2010** through **July 18, 2012**.

If you have any questions regarding this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Mary Jo Pipkin, Executive Director
Keystone Cedars
6325 Rockwell Drive NE
Cedar Rapids, IA 52402

Date of Monitoring Visit:

September 22, 2010

Monitor(s):

Stephanie Cummins, MA
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 Keystone Cedars on September 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:	64
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	64

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

Total Population of DSP:	16
Total Census of ALP:	80

***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 with seven tenants was held. The tenants reported the program had a nice environment and there were no issues with housekeeping, laundry or maintenance. They stated the sliders on the dining room chairs needed repaired. The nurse was available as needed and staff responded in approximately two to three minutes. The tenants received the services they required and there were enough staff to meet their needs. The staff were trained and treated the tenants with respect. The tenants liked the food and enjoyed the choices offered at meals. They also liked the presentation of meal choices, which was available in the dining room area. The cold foods were served cold; however, at times some of the hot foods needed to be warmer. They requested fewer carrots served and also indicated at times the meat had too much fat and was tough. There were sufficient activities offered and there were increased activities on the weekends. They enjoyed Bingo, exercises and card games. The tenants felt safe and made their own decisions. They were satisfied living at the program and would recommend it to other people. The tenants reported the program was comfortable and they could go to the Executive Director with concerns.

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Service Plans, and Other .

A Complaint Investigation completed on February 3 and 4, 2010 resulted in Regulatory Insufficiencies in the areas of Evaluation of Tenant, Service Plans and Other. A civil penalty of $2,000 was assessed.

An Incident Investigation dated December 8 and 10, 2009, resulted in a Regulatory Insufficiency in the area of Service Plans and a civil money penalty of $500.00.

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

Dated this 24th day of September 2010.