IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 5, 2010

Mr. Karl Jacobsen, Administrator
Arlin Falck Assisted Living
911 Ridgewood Drive
Decorah, IA 52101

RE: Final Recertification Monitoring Evaluation Report – Arlin Falck Assisted Living, Decorah, IA

Dear Mr. Jacobsen:

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.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

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 **S0081** with effective dates of **June 21, 2010** through **June 20, 2012.**

If you have any questions in regard to this certification, 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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Karl T. Jacobsen, Administrator
Arlin Falck Assisted Living
911 Ridgewood Drive
Decorah, IA 52101

Date of Monitoring Visit:

August 24, 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 Arlin Falck Assisted Living on August 24, 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:	35
Current number of tenants with cognitive disorder:	0
Total Population:	35

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.**

Tenant/Family Satisfaction Results – A community meeting with 23 tenants was held. The tenants did not have any issues with laundry or maintenance. A rotating schedule for the housekeepers was requested. The tenants reported the vinyl floor coverings had sticky residue after cleaning. They described staff as helpful, polite and great. The tenants received all of the services they required. They were treated with respect and staff answered requests for assistance quickly. The tenants liked the food and they enjoyed the salads. The gravy was too salty, the meat was, at times, not cut properly and there were too many potatoes served, according to the tenants. The tenants requested scrambled eggs and bacon for breakfast. They stated the temperature and quantity of the food were appropriate. Administrative staff listened to their concerns and they received all the services they required. There were sufficient activities offered and they enjoyed Bingo and music. The tenants chose their participation in activities and they received an activity calendar. The tenants felt safe and they made their own decisions. The tenants were aware of their tenant rights and the nurse was available. The tenants reported they appreciated the cleanliness and quiet atmosphere. They were satisfied living at the program and would recommend it to others.

Program History – There were no Regulatory Insufficiencies found during this certification period.

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

A. Evaluation of Tenant

Monitoring Observation: Four tenant files were reviewed.

Tenant #1, an 88 year old, was admitted on 7-15-10 and diagnoses include: Diet Controlled Diabetes, Arthritis, Dizziness and History of Shingles. A cognitive evaluation was not completed within 30 days of taking occupancy.

Tenant #2, an 85 year old, was admitted on 7-6-07 and diagnoses include: Type II Diabetes, Cardiac Arrhythmias, Hypertension (HTN), Bilateral Knee Replacement, Ball in Right Hip, Arthritis and Left Shoulder Replacement. According to Nurses' Progress Notes from 5-17-10 to 5-25-10 the tenant had lower back pain and on 5-25-10 complained of a large amount of pain in lower back. On 6-1-10 the tenant was diagnosed with a compression fracture in lower back. Health and functional evaluations were completed; however, a cognitive evaluation was not completed. A cognitive evaluation was not completed with a significant change in the tenant's condition.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: Four tenant files were reviewed.

Tenant #3, a 94 year old, was admitted on 12-7-04 and diagnoses include: Macular Degeneration, Cataracts, Skin Cancer and Arthritis. The tenant had a Negotiated Risk Agreement related to: cleanliness of the apartment, soiled clothing, unwillingness to take medications and arguments with tenants and staff. The service plan did not address the Negotiated Risk. The tenant's service plan indicated the tenant received two to four medication reminders daily. The service plan was not specific to the frequency and times of the medication reminders. At the time of the recertification visit, a medication pass was observed. Staff gave the tenant a medication reminder at noon; however, the current medication reminder sheet did not have a space for staff to document the medication reminder at noon. The tenant's service plan was not individualized and did not indicate identified needs and preferences for assistance.

Tenant #4, an 85 year old, was admitted on 3-24-08 and diagnoses include: Urinary Tract Infection (UTI), Stroke, Acid Reflux, HTN, Shingles, Syncope, Restless Leg Syndrome (RLS) and Cardiac Bypass. The tenant's service plan indicated the tenant received two to three medication reminders daily. The service plan was not specific to the frequency and times of the medication reminders. The August 2010 medication

reminder sheet did not include documentation for the medication reminders for this tenant. Staff #1 indicated she provided medication reminders for five tenants and Tenant #4 was not one of those tenants mentioned. The tenant's service plan was not individualized and did not indicate the identified needs and preferences for assistance.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)a)

C. Medications

Monitoring Observation: Four tenant files were reviewed.

Tenant #3's file was reviewed. The tenant's service plan indicated medications were set up by a nurse weekly and staff reminded the tenant to take the medications two to four times daily. The service plan indicated staff were to observe the tenant take the medications. The service plan did not include the tenant's choice related to storage of medications.

Tenant #4's file was reviewed. The tenant's service plan indicated medications were set up by a nurse weekly and staff reminded the tenant to take medications two to three times daily. The service plan did not include the tenant's choice related to medication storage.

- Regulatory Insufficiency: A tenant shall keep medications in the tenant's possession unless the tenant or the tenant's legal representative, if applicable, delegates in the occupancy agreement or signed service plan partial or complete control of medications to the program. The service plan shall include the tenant's choice related to storage. (IAC r. 481-67.5(3))

D. Food Service

Monitoring Observation: Four staff files were reviewed.

Staff #1, #2 and #4 did not have an annual in-service training on food protection. Staff #1 and #2 had the training completed last on 5-5-08. Staff #4 had the training completed last on 3-22-07. Staff #3 was hired on 8-1-09 and did not have an orientation on sanitation and safe food handling prior to handling food. A certificate was found that indicated Staff #3 had received training on food safety and sanitation; however, a date of the training was not identified. Appropriate training on food safety and sanitation and food protection was not completed.

- 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 annual in-service training on food protection. (IAC r. 481-69.28(5))

E. Staffing

Monitoring Observation: Four staff files were reviewed.

Staff #3 did not have complete nurse delegation training including training for medication reminders and blood glucose checks. Staff #4 did not have any documented training on nurse delegated tasks including medication reminders, blood glucose checks and Activities of Daily Living (ADLs). Appropriate nurse delegation training was not 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))

Dated this 10th day of September 2010.