IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 25, 2010

Ms. Sharon Marguglio, RN
Amber Ridge Assisted Living
107 E 2nd Street
DeWitt, IA 52742

RE: Final Recertification Monitoring Evaluation Report – Amber Ridge Assisted Living, DeWitt, IA

Dear Ms. Marguglio:

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 Insufficiency, 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 **S0089** with effective dates of **July 10, 2010** through **July 9, 2012**.

If you have any questions in regard to this certification, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Sharon Marguglio, RN
Amber Ridge Assisted Living
107 E 2nd St.
DeWitt, IA 52742

Date of Monitoring Visit:

September 20, 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 Amber Ridge Assisted Living on September 20, 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:	16
Current number of tenants with cognitive disorder:	0
Total Population:	16

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 nine tenants was held. The tenants reported no issues with housekeeping, laundry or maintenance. The nurse was either on-call or in the building as needed. The tenants received the services they required and there were enough staff to meet their needs. The staff treated tenants with respect and knocked before entering tenants' apartments. They liked the food served and enjoyed the family style meal service. Tenants requested menus be made available to them. The temperature of the food was appropriate. They requested less breading on the meat and less fried foods. They also requested less sweet desserts. The tenants reported the main kitchen staff needed more help. There were sufficient activities and they enjoyed Bingo. The tenants received an activity calendar and participated in activities of their choice. They felt safe and made their own decisions. The tenants were satisfied living at the program and would recommend it to others. A tenant who had been at the program for some time, indicated he/she was just as satisfied as when the tenant first moved in.

Program History – The program received a regulatory insufficiency in the area of medications during this certification period.

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

A. Service Plan

Monitoring Observation: Four tenant files were reviewed.

Tenant #1, a 93 year old, was admitted on 8-30-03 and diagnoses include: Hypertension (HTN), Arthritis and Cerebral Vascular Accident (CVA). The tenant received Hospice services and the service plan included Hospice services; however, it was not specific to the frequency or type of services provided by Hospice. According to interviews with Staff #1 and Staff #4, the tenant required two people to transfer at times. The registered nurse (RN) indicated the tenant took two people to transfer less than 50% of the time. The tenant's service plan did not include the tenant's need for a two person transfer at times. The tenant's service plan did not address the services to be provided by Hospice and did not address the need for a two person transfer at times.

Tenant #2, a 92 year old, was admitted on 12-27-07 and diagnoses include: Diabetes Mellitus, Hyperlipidemia, HTN, Deep Vein Thrombosis (DVT), Macular Degeneration, and Neurodermatitis with Obsessive Compulsive. The tenant received Hospice services and the service plan included Hospice services; however, it was not specific to the frequency or type of services provided by Hospice. The tenant's service plan did not address the services to be provided by Hospice.

Tenant #3, an 88 year old, was admitted on 9-7-04 and diagnoses include: Rheumatoid Arthritis, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Anemia, Hiatal Hernia and Peptic Ulcer Disease. The tenant received Visiting Nurses Association (VNA) services and the service plan indicated the tenant received VNA services; however, it was not specific to the frequency or type of services provided by VNA. The tenant's service plan did not address the services to be provided by VNA.

- 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)

Dated this 25th day of October 2010.