IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 24, 2010

Ms. Marj Bartz, Senior Living Manager
Huskamp Haven Assisted Living
300 West Riverview Drive
Algona, IA 50511

RE: Final Recertification Monitoring Evaluation Report – Huskamp Haven Assisted Living, Algona, IA

Dear Ms. Bartz:

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 **S0242** with effective dates of **August 22, 2010** through **August 21, 2012**.

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

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Ms. Marj Bartz, Senior Living Manager
Huskamp Haven Assisted Living
300 West Riverview Drive
Algona, IA 50511

Date of Monitoring Visit:

November 3, 2010

Monitor(s):

Hal Chase, RN BSN MPH
Lori Miner, RN BSN

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 Huskamp Haven Assisted Living on November 3, 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:	13
Current number of tenants with cognitive disorder:	2
Total Population:	15

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 was held with 15 tenants. Housekeeping services were provided to tenant satisfaction. The building and grounds were kept clean and sanitary. The food was reported as good with hot foods served hot. A variety of foods was served and no concerns were voiced. Tenants report enough activities were offered; no other activities were needed. Tenants were receiving the care they expect. Staff treated tenants with respect and were trained to provide needed services. Staff responded to calls for assistance within ten minutes. Generally, tenants felt the program was almost like home 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. Staffing

Monitoring Observation: A review of staff files revealed Staff #1 was hired 6-19-06, Staff #2 was hired 8-4-10, Staff #3 was hired 8-26-10, and Staff #4 was hired 9-18-84. Files lacked documentation of nurse delegation to provide assistance with activities of daily living.

- 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 23rd day of November, 2010.