IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 6, 2010

Ms. Angela Beardsley, RN Manager
SunnyBrook Assisted Living
5025 River Valley Road
Fort Madison, IA 52627

RE: Final Recertification Monitoring Evaluation Report – SunnyBrook Assisted Living, Fort Madison, IA

Dear Ms. Beardsley:

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 **S0280** with effective dates of **August 8, 2010** through **August 7, 2012**.

If you have any questions in regard to 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:

Angela Beardsley, RN Manager
SunnyBrook Assisted Living of Fort Madison
5025 River Valley Rd
Fort Madison, IA 52627

Date of Monitoring Visit:

October 27, 2010

Monitor(s):

Stephanie Cummins, MA
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 SunnyBrook Assisted Living of Fort Madison on October 27, 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:	40
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	41

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

Total Population of DSP:	7
Total Census of ALP:	48

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A meeting was held with 21 tenants. Generally the tenants were satisfied with the program. Tenant rooms and common areas, which included the grounds, were kept clean and sanitary. Housekeeping was provided one time per week. Tenants stated spiders were a problem, although no one was bitten. Tenants stated staff was caring and friendly, would do anything for them and responded in less than five minutes when called. When asked if nursing services were available, tenants indicated the program was "working on it." Tenants indicated a nurse was available during the day and available by phone on off hours. The food was generally good, although sometimes the hot food was not hot enough. Sometimes the kitchen ran out of soup. There were plenty of activities, but the tenants wanted more music. One tenant verbalized concern in regards to paying for two rooms as his/her spouse had moved to the dementia unit. A review of the occupancy agreement for the spouse revealed an agreement for a single room. (Administrative staff indicated the room in the dementia unit was designated single occupancy by square footage.) Generally, the tenants would recommend the program to family and friends.

Program History – The program received no regulatory insufficiencies 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: Tenant #1 is 97 year-old with diagnoses of: Cerebral Vascular Accident (CVA) in 2007, Hypertension (HTN), Hyperthyroidism, Cervical Neuralgia, History of Venous Ulcer, and Osteoporosis. The tenant was staged at a four on the Global Deterioration Scale (GDS) which indicated moderate cognitive decline. The tenant resided in the dementia unit. According to Nurse's Notes dated 10-19-10 an evaluation was done for change of condition and annual assessment. Nurse's Notes dated 10-19-10 indicated the tenant had increased weakness upon ambulation and increased shortness of breath. The tenant was also diagnosed with a Urinary Tract Infection (UTI) and started on antibiotics on 10-16-10. Cognitive and health evaluations were completed and the service plan was updated. A functional evaluation was not completed as needed with significant change and annually.

Tenant #2 is an 81 year-old with diagnoses of: Right Hip Fracture 2008, Constipation, Hemorrhoids, Dementia, Depression, and Degenerative Joint Disease (DJD). The tenant was staged at a four on the GDS which indicated moderate cognitive decline. According to Nurse's Notes dated 10-22-10 an annual evaluation was done. Cognitive and health evaluations were completed and the service plan was updated, however, an annual functional evaluation was not completed.

- 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))

Dated this 3rd day of December, 2010.