IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 27, 2010

Ms. Kathryn Moser, Owner and Administrator
Stoney Brook Village
705 S. Pine Street
West Union, IA 52175

RE: Final Recertification Monitoring Evaluation Report – Stoney Brook Village, West Union, IA

Dear Ms. Moser:

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 **S0238** with effective dates of **August 4, 2010** through **August 3, 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:

Kathryn Moser, Owner and Administrator
Stoney Brook Village
705 S. Pine St.
West Union, IA 52175

Date of Monitoring Visit:

December 6, 2010

Monitor(s):

Lori Miner, RN BSN
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 Stoney Brook Village on December 6, 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:	27
Current number of tenants with cognitive disorder:	2
Total Population:	29

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 20 tenants. The tenants reported the program was a great place to live. They stated that staff responded within ten minutes and were well trained. They thoroughly enjoyed the food at the program. The tenants stated there were not enough activities planned in the evenings. The tenants reported they felt safe at the program and would recommend it to family and friends.

Program History – The program did not receive any regulatory insufficiencies during the certification period.

On-Site Monitoring Evaluation – The monitors made the observations detailed in the following areas.

A. Service Plan

Monitoring Observation: Tenant #1, an 89 year old, was admitted 2-6-10 with a diagnosis of Hypertension (HTN). The tenant was staged at 4 on the Global Deterioration Scale (GDS) dated 3-5-10 which indicated moderate cognitive decline. The service plan lacked indication of individualized planned or spontaneous activities for a tenant with dementia.

Tenant #2, a 94 year-old, was admitted on 7-24-10 with diagnoses of HTN and Complications due to Pneumonia. Nurse's notes of 8-26-10 indicated the tenant had a pleural effusion in the lungs. Notes of 8-31-10 indicated two pints of fluid were removed on 8-27-10. Notes of 9-20-10 indicated the tenant "rated his/her breathing at 80%" with approximately one quart of fluid removed from the lungs on 9-30-10. On 10-6-10, Nurse's notes indicated the tenant again rated his/her breathing at 80%. The tenant's respiratory status continued to be monitored and assessments were included in the notes dated 10-6-10 through 11-26-10. The health assessment and the Activities of Daily Living (ADL) assessment dated 8-20-10 indicated the tenant used oxygen at night. The most recent service plan, dated 8-20-10, failed to identify the tenant's specific needs related to oxygen therapy and respiratory care.

Tenant #3, an 81 year-old, was admitted on 10-9-10 with diagnoses of: HTN, Sjogren's Disease, and Raynaud's Disease. Nurse's notes dated 10-28-10 and 11-17-10 indicated the tenant was instructed on deep breathing and coughing, and reminded to use the incentive spirometer five times daily. Nurse's notes of 10-13, 10-28, 11-5-10 indicated the tenant had episodes of diarrhea with Medication Administration Records (MARs) for October and November 2010 documenting nine doses of Loperamide (an anti-diarrheal) given as needed. Nurse's notes of 11-5 and 11-8-10 indicated the tenant was nauseated and had lost three pounds in two weeks. Notes of 11-22-10 indicated the tenant continued to have a "nervous stomach" and tenant's weight was down 1.6 pounds in one week. The November MAR indicated five doses of "as needed" medication for upset stomach or anxiety between 11-19 and 11-30-10. A physician's order for Physical Therapy (PT) was received 10-22-10. The PT evaluation dated 10-25-10 indicated the tenant would become short of breath walking from living room to bathroom. The tenant indicated increased use of the wheelchair because of weakness over the past few days. The tenant also indicated he/she had been "terribly nervous" recently. PT notes dated 10-28-10 indicated the tenant's oxygen saturation decreased to 74% with ambulation. The program RN indicated the tenant was required to undergo a respiratory evaluation prior to continuing PT services. As of this monitoring visit, the tenant had not completed the evaluation. Nurse's notes of 11-8 and 11-22-10 indicated the tenant was to elevate his/her legs when sitting. The most recent service plan, dated 10-29-10 failed to identify the tenant's specific needs including the use of the incentive spirometer, the addition of Physical Therapy, tenant anxiety, and elevation of legs.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate at a minimum: a. The tenant's identified needs and preferences for assistance, d. For tenants unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (IAC r. 481-69.26 (4) a. and d.)

Dated this 24th day of December 2010.