IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

January 24, 2011

Steven Mohr, Program Manager
Wel-Life at Alta
705 W. 7th Street
Alta, IA 51002

RE: Final Recertification Monitoring Evaluation Report – Wel-Life at Alta, Alta, IA

Dear Mr. Mohr:

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 **S0096** with effective dates of **September 13, 2010** through **September 12, 2012.**

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Steven Mohr RN, Program Manager
WEL-Life at Alta
705 W 7th St
Alta, IA 51002

Date of Monitoring Visit:

January 4, 2011

Monitor(s):

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 WEL-Life at Alta on January 4, 2011. 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:	26
Current number of tenants with cognitive disorder:	4
Total Population:	30

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 meeting was held with 26 tenants. Tenants indicated they liked almost everything about the program. The housekeeping was done to their satisfaction; the building and grounds were well maintained. The staff was described as good and trained to be helpful. Staff respond to calls for assistance in less than five minutes. The tenants indicated there were a variety of activities offered and no suggestions were given for additional activities. The food is not always hot. The waffles were described as being so cold the butter will not melt. The tenants were otherwise generally satisfied with the program.

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

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

A. Medications

Monitoring Observation: A medication pass was observed. Upon opening the locked medication drawer for Tenant #5, unlabeled, wrapped squares were observed loose in the drawer. Upon questioning, Staff #1 indicated the wrapped squares were the Calcium with Vitamin D that had been taken out of the original packaging. According to the Medication Administration Record (MAR), the Calcium/Vitamin D was in a purple bag labeled Viactiv. Staff #1 opened the unlocked cupboard above the sink and revealed the purple bag labeled Viactiv. A dose of Viactiv was then taken from the bag. Staff #1 went on to obtain an additional three medications from the unlocked cupboard: Flaxseed, one capsule, Fish Oil, one capsule, CoQ 10, 100 mg. These medications were then administered to Tenant #5. The program's Medication Policy was reviewed which indicated when medication administration has been delegated to WEL-Life staff, medications would be kept in a lockable medication drawer. The policy also stated tenant's medication shall be stored in its originally received container.

The program failed to follow it's own policy on the storage of four medications which included keeping medications in the original container and locking medications in a drawer.

- Regulatory Insufficiency: Each program shall follow its own written medication policy, which shall include the following: When medications are administered traditionally by the program: Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. (IAC r. 481-67.5(6)(b))

B. Food Service

Monitoring Observation: Four staff files were reviewed. Staff #2, hired 12-14-10, Staff #4, hired 9-9-10, and Staff #5, hired 7-8-10, were Personal Service Assistants. An interview with Staff #5 indicated she had served food. Job descriptions for Medication Assistants and Personal Service Assistants were reviewed. Both job descriptions included the function of assisting with meals. Three staff files lacked training documentation for sanitation and safe food handling.

- 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))

Dated this 19th day of January, 2011.