IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

February 21, 2011

Chris Marshall, Executive Director
Sitler Center for Helpful Living
1015 South Iowa Avenue
Washington, IA 52353

RE: Final Recertification Monitoring Evaluation Report – Sitler Center for Helpful Living, Washington, IA

Dear Ms. Marshall:

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 **S0005** with effective dates of **October 1, 2010** through **September 30, 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:

Chris Marshall, Executive Director
Sitler Center for Helpful Living
1015 South Iowa Avenue
Washington, IA 52353

Date of Monitoring Visit:

January 10, 2011

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 Sitler Center for Helpful Living on January 10, 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:	9
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	9

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

Total Population of DSP:	15
Total Census of ALP:	24

***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 eight tenants was held. The tenants did not report any concerns with housekeeping, maintenance or laundry. The apartments and common areas were cleaned frequently and maintenance issues were addressed promptly. Nursing services were available and staff responded very quickly when tenants called for assistance. They described staff as caring and great. Staff were trained to provide the needed services and knocked before they entered their apartments. Administrative staff were approachable and tenants stated they could voice any concerns. The tenants liked the food and stated the temperature of the food was appropriate. They received enough food and some of the tenants reported the portions were too large. One tenant requested music during the meals. There were sufficient activities offered and tenants selected their own level of participation.. They received a calendar of scheduled activities and enjoyed exercises, visits from school children and card games. The tenants felt safe and they made their own decisions. The tenants were satisfied living at the program and would recommend it to others. Two tenants stated they appreciated staff setting up their medications and another tenant liked everything about the program.

Program History – The program did not receive any regulatory insufficiencies during the 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, an 89 year old, was admitted on 3-2-09 with diagnoses of: Osteoporosis, Hypothyroidism, Hypertension (HTN) and Diabetes. The tenant resided in the dementia unit. The Assisted Living Health Assessment dated 12-2-10, indicated the tenant felt a pop in the right hip/back area during the night and it was painful to put weight on the right leg. The doctor's evaluation showed no fracture; however, the tenant required more assistance with activities of daily living. Health and functional evaluations were completed and the service plan was updated; however, the cognitive evaluation was not completed as needed.

Tenant #2, an 89 year old, was admitted on 10-19-10 with diagnoses of: Benign Prostate Hypertrophy (BPH), Hypercholesterolemia, Right Inguinal Hernia, Diabetes, Microalbuminuria and Arteriosclerotic Heart Disease (ASHD) Status Post (S/P) Coronary Artery Bypass Graft (CABG). The tenant resided in the dementia unit. The Assisted Living Health Assessment dated 12-17-10 indicated the tenant was admitted to the hospital on 12-7-10 for Congestive Heart Failure (CHF) and was then admitted to a Skilled Nursing Facility (SNF). The tenant returned on 12-17-10. Health, functional and cognitive evaluations were completed; however, the appropriate cognitive was not completed. The tenant scored moderately on the scored objective tool and the Global Deterioration Scale (GDS) was completed on 10-15-10 and 11-19-10. The tenant was staged at a 3.4 on the GDS, which indicated mild cognitive decline. On 12-17-10 the first scored objective tool was used despite previously using the GDS. The tenant scored moderately on the cognitive assessment completed 12-17-10. The tenant was admitted to the Intensive Care Unit (ICU) on 12-23-10 due to chest pain and a Myocardial Infarction (MI). The tenant returned on 12-27-10. Health, functional and cognitive evaluations were completed; however, the appropriate cognitive was not completed. The tenant scored moderately on the scored objective tool and the GDS was completed on 10-15-10 and 11-19-10. The tenant was staged at a 3.4 on the GDS, which indicated mild cognitive decline. On 12-27-10 the first scored objective tool was used despite previously using the GDS. The tenant scored moderately on the cognitive assessment completed 12-27-10. When the score from the cognitive tool indicated moderate cognitive risk the GDS was not used at all subsequent intervals.

- Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored objective screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

- 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 a 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))

B. Nurse Review

Monitoring Observation: Tenant #3, a 75 year old, was admitted on 8-4-10 with diagnoses of: HTN, Prior Cerebral Vascular Accident (CVA) and Mild/Moderate Cognitive Impairment. According to an Incident/Accident Report, on 11-21-10 the tenant was found on the bathroom floor and had a hematoma on the left little finger. The tenant also complained of leg pain. The tenant was diagnosed with a fractured finger and was prescribed Hydrocodone/APAP 5/500 by mouth every six hours as needed. A nurse review was not completed related to the fall and fractured finger. Nurse review was not completed as needed.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))

C. Staffing

Monitoring Observation: According to a program document, Staff #1, #5 and #6 set up medications for tenants in medication planners. The nurse indicated she reviewed the proper ways of medication planner set-up with the staff; however, this was not documented. Staff #1, #5 and #6 had nurse delegated medication administration training; however, the training did not address medication set up. The nurse indicated staff assisted tenants with colostomy/ileostomy care, a Lidoderm Patch and administering Nitroglycerin. These tasks were not documented as delegated. Staff #1, #3, #4, #5 and #6 had documented nurse delegation training on medication administration. The medication administration delegation did not address colostomy/ileostomy care, Lidoderm Patches and administering Nitroglycerin. Staff did not have sufficient nurse delegated training.

- 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 18th day of February, 2011.