IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 2, 2011

Cindi Martin, Manager
Timberland Village
725 Timberland Drive
Story City, IA 50248

RE: Final Recertification Monitoring Evaluation Report – Timberland Village, Story City, IA

Dear Ms. Martin:

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 **S0162** with effective dates of **October 29, 2010** through **October 28, 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:

Cindi Martin, Manager
Timberland Village Assisted Living
725 Timberland Drive
Story City, IA 50248

Date of Monitoring Visit:

February 15, 2011

Monitor(s):

Hal L. Chase, RN BSN MPH

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 Timberland Village Assisted Living on February 15, 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:	23
Current number of tenants with cognitive disorder:	1
Total Population:	24

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 eight tenants. Tenants reported they liked living at the program. Tenants reported they controlled The temperature in their apartments and reported the building and grounds were well maintained. Tenants reported they were getting the services they needed and expected and stated nursing services were available when needed. Staff responded within 10 minutes when called. Tenants reported staff treated them in a manner in which they wanted to be treated and were trained well. Tenants reported the quality of food was good. Tenants reported they have voiced their concerns to staff and staff have listened to them and tried to make things better. Tenants reported they made their decisions and were generally satisfied with the program and would recommend it to others.

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. Service Plan

Monitoring Observation: Four files were reviewed. Tenant #4, a 72 year old, was admitted on 10-17-08 and had diagnoses of: Peripheral Vascular Disease, Osteoporosis and a Depressive Disorder. Program records indicated the tenant had recently been hospitalized for Congestive Heart Failure, was discharged to a local nursing facility and returned to the program on 11-3-10. The tenant was admitted to hospice on 11-11-10 with an admitting diagnosis of a Carotid Occlusion and Infarction. The hospice care plan of 11-11-10 through 2-8-11 revealed staff were to evaluate and monitor for bladder and bowel management, as the tenant had an indwelling Foley catheter, evaluate and monitor skin integrity and monitor for pain and anxiety. A service plan was updated on 11-11-10, but did not identify hospice care and did not establish interventions as indicated on the hospice care plan.

Resident notes of 11-23-10 revealed the tenant was weak, the tenant's blood pressure was 80mg/dl over 50mg/dl and the tenant was transferred from the program to a hospice house and then returned to the program on 11-29-10. Notes of 12-6-10 through 2-3-11 revealed the tenant's Foley catheter was removed and reinserted multiple times due to urinary urgency and difficulty in urination. Hospice care notes of 1-5-11 through 2-11-11 revealed episodes of shortness of breath, pursed lips when breathing and increased chest retractions with breathing. A service plan was updated on 12-1-10 and indicated the tenant received hospice care but did not establish interventions as indicated above.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum, the tenant's identified needs and preferences for assistance, the service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy. (IAC r. 481-69.26 (4))

Dated this 2nd day of March, 2011.