IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 15, 2011

Stacey Cremeens, Administrator
Silver Pond Assisted Living
1400 6th Avenue North
Wellman, IA 52356

RE: Final Recertification Monitoring Evaluation Report – Silver Pond Assisted Living, Wellman, IA

Dear Ms. Cremeens:

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 **S0160** with effective dates of **October 24, 2010** through **October 23, 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:

Stacey Cremeens, Administrator
Silver Pond Assisted Living
1400 6th Avenue North
Wellman, IA 52356

Date of Monitoring Visit:

February 21, 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 Silver Pond Assisted Living on February 21, 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:	8
Current number of tenants with cognitive disorder:	0
Total Population:	8

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 with eight tenants was held. The tenants stated housekeeping services were completed appropriately and there were no issues with maintenance or laundry. The tenants requested stoves in their apartments. Nursing services were available as needed. Staff responded quickly during the day when tenants called for assistance. They reported staff took a little longer to respond during the overnight hours. The tenants received the services they expected when they signed the occupancy agreement. The tenants requested nursing staff inform tenants when the appearance of medications changed. Staff treated the tenants with respect and they knocked before coming into their apartments. They described staff as great and stated they were getting the services they requested. The variety and temperature of the food was appropriate. The food was at times too salty, especially the gravy. The tenants requested the evening meal be lighter and said at times the meat is a little tough. The tenants requested less sauerkraut, green beans and carrots. They received the activity calendar and stated there were enough activities offered. They could get assistance if needed to attend activities at the attached nursing facility. The tenants felt safe and made their own decisions. The tenants requested routine tenant meetings and also requested a designated staff person to go to with concerns. The tenants were 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. Medications

Monitoring Observation: The table below represents treatments and medication reminders not completed or not documented as completed.

Tenant #1	Mometasone 0.1% cream apply to Dermatitis on legs daily	2-6-11, 2-7-11, 2-8-11, 2-9-11, 2-10-11 and 2-19-11; were not initialed as completed
Tenant #1	Betadine Paint to left foot 2nd toe daily	2-19-11; was not initialed as completed
Tenant #1	Mineral Oil apply to both lower extremities and then apply Aquaphilic	2-3-11, 2-6-11, 2-7-11, 2-8-11, 2-9-11, 2-10-11, 2-13-11, 2-14-11, 2-15-11, 2-16-11 and 2-17-11 were not initialed as completed
Tenant #1	Mineral Oil apply to both lower extremities and then apply Aquaphilic	2-4-11, 2-5-11, 2-11-11, 2-12-11, 2-19-11 and 2-20-11 were circled without explanation
Tenant #1	Aquaphilic Ointment apply after Mineral Oil once daily	2-3-11, 2-6-11, 2-7-11, 2-8-11, 2-9-11, 2-10-11, 2-13-11, 2-14-11, 2-15-11, 2-16-11 and 2-17-11 were not initialed as completed
Tenant #1	Aquaphilic Ointment apply after Mineral Oil once daily	2-4-11, 2-5-11, 2-11-11, 2-12-11, 2-19-11 and 2-20-11 were circled without explanation
Tenant #2	Medications setup by nursing and administered (reminded) by staff	1-18-11, 1-19-11, 1-20-11 and 1-21-11 p.m. were not initialed as administered

- Regulatory Insufficiency: When medications are administered traditionally by the program: The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6)(a))

Dated this 15th day of March, 2011.