IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 4, 2011

Mr. Nick Jedlicka, Administrator
Lakeview Lodge Assisted Living
312 Southbrooke Drive
Waterloo, IA 50702

RE: Final Recertification Monitoring Evaluation Report – Lakeview Lodge Assisted Living, Waterloo, IA

Dear Mr. Jedlicka:

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 **S0107** with effective dates of **January 23, 2011** through **January 22, 2013**.

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:

Nick Jedlicka, Administrator
Lakeview Lodge Assisted Living
312 Southbrooke Dr
Waterloo, IA 50702

Date of Monitoring Visit:

March 8 and 9, 2011

Monitor(s):

Lori Miner, RN BSN
Maribeth Freland, 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 Lakeview Lodge Assisted Living on March 8 and 9, 2011. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS):	35
Current number of tenants without cognitive disorder:	13
Total Population:	48

***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 nine tenants. The tenants indicated the best thing about the program was that it was home. The staff were described as friendly and looked after the tenants. The apartments, building, and grounds were described as clean and neat. The food was good; however, sometimes the hot foods are not hot enough. One tenant thought there was too much food served. There were enough activities offered and the tenants had no suggestions for future activities. Staff was described as kind and caring, and treated the tenants with respect. The staff responded to requests for assistance in five minutes or less. The staff were described as knowledgeable and trained to provide needed services. Sometimes, the tenants said, there is not enough help available. The tenants 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. Occupancy Agreement

Monitoring Observation: Tenant #1, a 93 year-old, was admitted to the program on 7-24-10 with diagnoses of: Type II Diabetes, Hypothyroidism, Hyperlipidemia, Transient Ischemic Attack, Hypertension, Polymyalgia, Rheumatica Temporal Arteritis in past, Premature Ventricular Contractions, Osteoporosis, Left Total Knee Replacement, Degenerative Joint Disease, Falls, and Chronic Renal Disease. The occupancy agreement was signed by the tenant and the director. There was no date on the occupancy agreement.

Tenant #2 was admitted to the program on 12-6-10. The occupancy agreement was signed by the tenant and the director. There was no date on the occupancy agreement.

Because there is no date on the occupancy agreements, it cannot be determined that the agreements were signed prior to occupancy.

- Regulatory Insufficiency: An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. (Iowa Code section 231C.5)

B. Food Service

Monitoring Observation: Four staff files were reviewed. All were employed as resident assistants. Staff #1 was hired 10-21-10, Staff #2 was hired 8-9-10, Staff #3 was hired 9-23-10, and Staff #4 was hired 5-13-10. Staff files lacked documentation of training on safe food handling.

On 3-8-11 Staff #2 was observed in the second floor dining room with gloves on putting salads into bowls and serving them to the tenants seated at dining room tables.

An interview with Staff #1 indicated she had no training on food service but learned from other staff. On 3-9-11 Staff #1 was observed preparing cold cereal and toast for a tenant.

In an interview with Staff #4 she indicated meals were cooked in the long-term care building and brought to the assisted living facility. Breakfast was dished up and served by the resident assistants. For lunch and dinner, the resident assistants dish up soups and salads, the rest is dished up by the dietary staff. Staff #4 indicated she learned to care for food and serve food by following a mentor for five days.

- 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))

C. Dementia-specific education for program personnel

Monitoring Observation: Five staff files were reviewed. Staff #1, #2, and #3 were employed as resident assistants. Staff #5, hired 6-10-10, was employed in housekeeping.

Staff #1, hired 10-21-10, had documentation of five days of training with a mentor as part of new employee dementia training. The documentation was not dated. The staff schedule indicated 10-21-10 to 10-27-10 was spent in training. Eight hours of dementia training was documented as completed by Staff #1 at the facility on 1-12-10, which was ten months prior to hire.

Staff #2, hired 8-9-10, had documentation of five days of training with a mentor as part of new employee dementia training. The documentation was not dated. The staff schedule indicated 8-9-10 to 8-11-10 was spent in training. Eight hours of dementia training was documented as completed by Staff #2 on 9-20-10.

Staff #3, hired 9-23-10, had documentation of five days of training with a mentor as part of new employee dementia training. The documentation was not dated. Eight hours of dementia training was documented as completed by Staff #3 on 12-15-10.

Four hours of dementia training was documented for Staff #5 between 7-14-10 and 12-8-10.

Staff did not receive eight hours of dementia-specific education and training within 30 days of employment.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))

Dated this 31st day of March, 2011.