IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

April 8, 2011

Mr. Steven Colerick, CEO
Springvale Assisted Living
1050 15th Street North
Humboldt, IA 50548

RE: Final Recertification Monitoring Evaluation Report – Springvale Assisted Living, Humboldt, IA

Dear Mr. Colerick:

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. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and 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 **S0203** with effective dates of **December 13, 2010** through **December 12, 2012**.

If you have any questions regarding 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 R. Colerick, CEO
Springvale Assisted Living
1050 15th St N
Humboldt, IA 50548

Date of Monitoring Visit:

March 25, 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 Springvale Assisted Living on March 25, 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:	16
Current number of tenants with cognitive disorder:	0
Total Population:	16

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 11 tenants. It was reported the best thing about the program was the security, having meals provided, and having someone to give medications if needed. The housekeeping was described as good with apartments and common areas kept clean and neat. The staff were described as very good and treating the tenants with respect. Staff responded in less than five minutes to calls for assistance. Tenants indicated the staff were trained and knew what to do to assist them. The food was generally good with alternatives offered. Hot foods were described as hot. There were enough activities offered and there were no suggestions given for new activities. The tenants were generally satisfied with the program and would recommend it to others.

Program History – There were no substantiated regulatory insufficiencies found during this certification period.

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

A. Staffing

Monitoring Observation: Tenant #1, a 95 year-old, was admitted to the program on 6-21-07 with diagnoses of: Dementia, Hypertension (HTN), Hypothyroidism, Heart Disease, Osteoarthritis, Osteoporosis, Peptic Ulcer Disease, and Hypotension. On 2-14-11 a diagnosis of Renal Insufficiency was added. The tenant was scored at -3 on the Short Portable Mental Status Questionnaire (SPMSQ) dated 1-7-11, which indicated mild intellectual impairment. The Global Deterioration Scale (GDS) was not used.

The SPMSQ dated 1-7-11 was completed by Staff #1, a Licensed Practical Nurse (LPN). A nurse review was completed on 1-17-11 by Staff #1 following tenant complaints of pain. Care Notes dated 1-20-11 indicated the tenant fell. A nurse review, dated 1-21-11 was completed by Staff #1. An entry dated 1-31-11 indicated the tenant had been hospitalized 1-26-11 to 1-29-11 because of an elevated potassium level. The program registered nurse (RN) signed the functional and health assessment completed 1-31-11. The SPMSQ dated 1-31-11 was completed by Staff #1. Nurse reviews dated 2-2-11, 2-5-11, and 2-14-11 were signed by Staff #1.

Tenant #2, a 95 year-old, was admitted to the program on 7-17-10 with diagnoses of: Dementia-Alzheimer's Type, Depression, HTN, Hypothyroidism, Aorta Valvular and Mitral Regurgitation. The tenant was scored at three on the GDS dated 1-14-11, which indicated mild cognitive decline.

The SPMSQ dated 1-14-11 was completed by Staff #1. The care notes indicated a nurse review was completed on 1-4-11 by Staff #1 following a fall. A 90-day review was completed on 1-14-11 by Staff #1. A nurse review was completed on 2-25-11 for a Urinary Tract Infection, on 3-4-11 for ear pain, and 3-8-11 for a rash. The nurse reviews were completed by Staff #1.

Iowa Administrative Code 481-69.22(2) indicated an LPN may complete an evaluation via nurse delegation.

Iowa Administrative Code 481-69.27 indicated a nurse review shall be conducted by an RN or an LPN via nurse delegation.

The program was unable to provide documentation of RN delegation to the LPN on the dates the services were provided. The program was notified of the concerns.

No regulatory insufficiencies were cited during this certification visit.

Dated this 4th day of April, 2011.