IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 15, 2011

Ms. Lisa Hanson, Nurse Manager
SunnyBrook of Mt. Pleasant
1406 E. Linden Drive
Mt. Pleasant, IA 52641

RE: Final Recertification Monitoring Evaluation Report – SunnyBrook of Mt. Pleasant , Mt. Pleasant, IA

Dear Ms. Hanson:

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 **S0208** with effective dates of **February 17, 2011** through **February 16, 2013**.

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:

Lisa Hanson, Nurse Manager
SunnyBrook of Mt. Pleasant
1406 E. Linden Drive
Mt. Pleasant, IA 52641

Date of Monitoring Visit:

April 11, 2011

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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 SunnyBrook of Mt. Pleasant on April 11, 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:	35
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	35

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

Total Population of DSP:	12

Total Census of ALP: 47

***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 10 tenants was held. Housekeeping and maintenance services were completed appropriately. The building and grounds were safe, clean and sanitary. The tenants requested the program furnish toilet paper. The tenants reported the curtains needed to be cleaned. Nursing services were available and staff responded immediately when tenants activated their pendants. The tenants reported the care they received was good and staff were trained to provide services. They enjoyed the food most of the time and staff served them appropriately. Cold foods were served cold and sometimes hot foods were served hot. The soup was not hot enough and there was too much fried food served. They received too much broccoli and carrots and the fruit was served until it was gone. They requested staff filled the ice bucket in the evening. There were enough activities; however, they requested more trips to the casino. It was difficult to get into the back seat of the van and the running boards on the vehicle were too small. They felt safe and reported staff were very accommodating. They were satisfied and would recommend the program to others.

Program History – There were no substantiated Regulatory Insufficiencies this past certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas. **There were no regulatory insufficiencies found during this onsite recertification monitoring evaluation.**

Dated this 15th day of April, 2011.