IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 15, 2011

Ms. Tammy Shimon, Administrator
Emerald Oaks
2603 17th Street
Emmetsburg, IA 50536

RE: Final Recertification Monitoring Evaluation Report – Emerald Oaks, Emmetsburg, IA

Dear Ms. Shimon:

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 **S0169** with effective dates of **February 13, 2011** through **February 12, 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:

Emerald Oaks Assisted Living
Tammy Shimon, Administrator
2603 17th St.
Emmetsburg, IA 50536

Date of Monitoring Visit:

March 24, 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 Emerald Oaks Assisted Living on March 24, 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:	13
Current number of tenants with cognitive disorder:	0
Total Population:	13

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 nine tenants. The tenants indicated the best thing about the program was the people. It is like family. It was reported the apartments, building and grounds are kept neat and clean. The staff did a good job with snow removal this winter. The staff were described as very good, and as treating the tenants with respect. The staff were described as trained and knowing what to do. Staff respond in five minutes or less when called. The tenants indicated the food was good with a variety of meats and vegetables offered. Alternatives are available. Hot foods are hot. The tenants indicated staff were receptive to recent suggestions for food and activities. There were enough activities offered. The tenants were generally satisfied with the program and would recommend it to others.

Program History – There were no substantiated regulatory insufficiencies 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 91 year-old, was admitted to the program on 1-14-10 with diagnoses of: Osteoporosis, Chronic Pain, Arthritis, Patellar Fracture, History of Fall, Breast Reconstruction, Hernia, Panic Disorder with Agoraphobia, Weakness, and Pain in Lower Leg Joint. The tenant had been hospitalized and returned to the program on 1-5-11 following a fall that occurred off site. On 2-18-11 the tenant used the call system to request help after a fall in the apartment. The tenant assessment and treatment to a three centimeter skin tear including steri strips was completed by Staff #1, a Licensed Practical Nurse (LPN). A review was completed on 2-20-11 by Staff #2, an LPN. The program registered nurse (RN) completed a review on 2-25-11.

Tenant #2, a 92 year-old, was admitted to the program on 2-12-09 with diagnoses of: fall with Persistent Left Leg Pain, Left Sided Chest Pain, Congestive Heart Failure with Mild Decompensation, and Atrial Fibrillation on Anticoagulation Therapy. 90-day reviews were completed by Staff #1 on 10-12-10 and 1-12-11.

The policy manual from the program indicated an RN may delegate to an LPN the following tasks or activities: Routine 90-day Nurse Reviews when the tenant has not exhibited a significant change in condition, and responding to accidents/injuries.

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

The program provided an email dated 3-24-11 and timed 12:18 p.m. that indicated the program RN was confident in the assessment abilities of Staff #1 and #2.

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

No regulatory insufficiencies were cited during this recertification visit.

Dated this 4th day of April, 2011.