IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 9, 2011

Sherry Hughes, Administrator
Oak Estates
110 Alice Street
Conrad, IA 50621

**RE: Final Recertification Monitoring Evaluation Report—Oak Estates, Conrad, IA**

Dear Ms. Hughes:

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 **S0105** with effective dates of **January 17, 2011** through **January 16, 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:**

Sherry Hughes, Administrator
Oak Estates
110 Alice St.
Conrad, IA 50621

**Date of Monitoring Visit:**

April 20, 2011

**Monitor:**

Joyce Kix, 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 Oak Estates on April 20, 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: | 1 |
| Total Population: | 17 |

***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 was held with ten tenants. They reported the building was neat and clean with caring well trained staff. The tenants stated they felt safe at 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 made the observations detailed in the following areas.

**A. Evaluation of Tenant**

Monitoring Observation: Tenant #1, a 79 year old, was admitted 12-18-2010 with diagnosis of: Dementia, Hyperlipidemia, and coronary Artery Disease. The tenant scored 4 on the Global Deterioration Scale dated 12-27-2010 which indicated moderate cognitive decline. The clinical record lacked documentation of completion of a cognitive evaluation at 30 days after occupancy.

Tenant #3, a 79 year old, was admitted 5-4-2010 with diagnosis of: Diverticulitis, Delusional Disorder, Depression, and Osteoporosis. The tenant scored 10 of 11 questions correct on the Mental Status Questionnaire which indicated no or mild cognitive impairment. The clinical record lacked documentation of completion of a cognitive evaluation at 30 days after occupancy.

The registered nurse concurred with the finding that she did not complete the cognitive evaluations at 30 days after initial occupancy.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed

practical nurse may complete the evaluation via nurse delegation with the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

**B. Service Plan**

Monitoring Observation: The service plans of 11-29-10 and 2-18-11 for Tenant #1 lacked signatures of the tenant or tenant's legal representative and the clinical record lacked indication of the preference of a nursing facility should the need arise.

Tenant #2, a 79 year old, was admitted 2-12-11 with diagnoses of: Diabetes, Arthritis, and History of Breast Cancer. The service plan of 3-18-11 lacked a signature of the tenant or the tenant's legal representative and the clinical record lacked indication of the preference of a nursing facility should the need arise.

The service plans of 4-22-10, 5-20-10 and 2-18-11 for Tenant #3 lacked signatures of the tenant or tenant's legal representative and the clinical record lacked indication of the preference of a nursing facility should the need arise.

- Regulatory Insufficiency: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))
- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: e. Preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living occupancy. (IAC r. 481-69.26 (4) e.)

Dated this 9th day of April 2011.