IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 8, 2011

Anne Stramel, Estate Manager
Hawthorne Inn at Windmill Pointe
1500 1st Avenue North
Coralville, IA 52241

RE: Final Recertification Monitoring Evaluation Report – Hawthorne Inn at Windmill Pointe, Coralville, IA

Dear Ms. Stramel:

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 Insufficiency, 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 **S0111** with effective dates of **February 26, 2011** through **February 25, 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:

Anne Stramel, Estate Manager
Hawthorne Inn at Windmill Pointe
1500 1st Avenue North
Coralville, IA 52241

Date of Monitoring Visit:

May 23, 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 Hawthorne Inn at Windmill Pointe on May 23, 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):	7
Current number of tenants without cognitive disorder:	12
Total Population:	19

***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 14 tenants was held. The tenants stated living there was very good. The buildings and grounds were safe, clean, and sanitary. One tenant requested an easier process in order to obtain ice and ice water. Nursing services were available when needed. Staff responded immediately when the pull cord was used. Staff treated the tenants well and were trained appropriately. When tenants asked staff for services, they provided them. Tenants stated the food was not as good now as it had been in the past. They did not like the fancy names the food was given. There was a good variety of meats, vegetables and desserts and staff served the food appropriately. Hot foods were served hot and cold foods were served cold, most of the time. One suggestion was to use less pepper in seasoning the food. Activities were provided but most tenants did not attend or preferred to do independent activities. Tenants stated they felt safe, were generally satisfied with the program and would recommend it to others. When issues were presented to administration, they were addressed.

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. Nurse Review

Monitoring Observation: Four tenant files were reviewed.

Tenant #1, an 81 year old, was admitted on 5-1-07 and diagnoses include: Congestive Heart Failure (CHF), Respiratory Distress Syndrome, Anemia, Senile Dementia, Glaucoma, Renal Failure, Hypothyroidism, and Gait Abnormality Symptom. The tenant was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. The tenant received personal and health-related

care. A 90 day medication review was completed by a pharmacy; however, a 90 day health review was not consistently completed every 90 days.

Tenant #2, a 93 year old, was admitted on 5-17-09 and diagnoses include: Dementia and Osteoporosis. The tenant was staged at a five on the GDS, which indicated moderately severe cognitive decline. The tenant received personal and health-related care. A 90 day medication review was completed by a pharmacy; however, a 90 day health review was not consistently completed every 90 days.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481- 69.27 (3))

Dated this 8th day of June, 2011.