IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 15, 2011

Sally Hill, RN Director
Senior Star Memory Care at Elmore Place
4504 Elmore Avenue
Davenport, IA 52807

RE: Final Recertification Monitoring Evaluation Report – Senior Star Memory Care at Elmore Place, Davenport, IA

Dear Ms. Hill:

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 **S0292** with effective dates of **April 17, 2011** through **April 16, 2013**.

If you have any questions in regard to 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:

Sally Hill, RN Director
Senior Star Memory Care at Elmore Place
4504 Elmore Avenue
Davenport, IA 52807

Date of Monitoring Visit:

May 18, 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 Senior Star Memory Care at Elmore Place on May 18, 2011. In preparing this report, the following information was considered:

Current Program Census:

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

Total Population of DSP:	14
Total Census of ALP:	14

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A family interview was held along with monitor observations. The building was nice and clean. The family member stated nursing services were always available and services provided were as expected. Staff were wonderful and caring. The food was very good, plenty of activities were offered with Bingo as a favorite activity. The family member did not worry about the tenant and felt the tenant was safe. The family member was very pleased with the program, always felt welcome when visiting, and was notified appropriately when changes occurred. The family member had recommended the program to others who had actually moved into the program. No suggestions for improvement were voiced. The monitors observed the morning paper being read to three tenants, two tenants waited to leave for an outing and two other tenants watched game shows on television. The monitors observed the lunch meal. The food looked appetizing and the dining room had a nice atmosphere and was clean. Staff assisted tenants as needed in cutting up food and were engaged in conversation with the tenants. Music played in the background and tenants socialized with each other. Monitors observed staff in the dining room at all times. The building had a nice appearance, was clean, safe and sanitary.

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. Dementia-specific education for program personnel

Monitoring Observation: Five staff files were reviewed related to dementia training.

Staff #3, was hired on 10-1-10. Dementia-specific training was completed on 12-1-10. Staff #3 did not receive a minimum of eight hours of dementia-specific education and training within 30 days of employment.

Staff #4, was hired on 3-25-11. Dementia-specific training was completed on 5-14-11. Staff #4 did not receive a minimum of eight hours of dementia-specific education and training within 30 days of employment.

Staff #5, was hired on 2-28-11. Dementia specific training was completed on 4-15-11. Staff #5 did not receive a minimum of eight hours of dementia-specific education and training within 30 days of employment.

Three of five staff files reviewed related to dementia training did not include eight hours of dementia-specific education and training within 30 days of employment; however, dementia training had been completed at the time of the on-site monitoring evaluation.

The Director indicated she initially thought the requirement for dementia training could be completed within six months of a new hire. At the time of the on-site she indicated she then understood the regulation that required dementia-specific training within 30 days of employment and had incorporated 10 hours of dementia training for new staff within the first week of hire.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))

Dated this 6th day of June, 2011.