IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 1, 2011

Pat Zaugg, Administrator
Prairie Creek Assisted Living
301 4th Street NW
West Bend, IA 50597

RE: Final Recertification Monitoring Evaluation Report – Prairie Creek Assisted Living, West Bend, IA

Dear Mr. Zaugg:

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 **S0173** with effective dates of **July 18, 2011** through **May 29, 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:

Pat Zaugg, Administrator
Prairie Creek Assisted Living
301 4th Street NW
West Bend, IA 50597

Date of Monitoring Visit:

May 10, 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 Prairie Creek Assisted Living on May 10, 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:	0
Total Population:	16

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 13 tenants. It was reported the best thing about the program was the security and the care received. The staff was reported to be very good and helpful. Staff responded to requests for help in less than five minutes. Assistance was also available from the attached nursing home. Housekeeping was provided to the tenant's satisfaction. The food was described as generally good. A variety of fruits and vegetables was offered. There were enough activities offered. Activities were also available in the nursing home. Generally, the tenants were satisfied with 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(s) made the observations detailed in the following areas.

A. Service Plan

Monitoring Observation: Tenant #1, an 85 year-old, was admitted to the program on 1-10-11 with diagnoses of: Dementia, Esophageal Reflux, Hypothyroidism, and Hypertension. The tenant was scored at three on the Global Deterioration Scale (GDS) which indicated mild cognitive decline. A review of the service plan dated and signed 2-9-11 indicated staff would administer all medications as stated on the medication record. The quarterly review dated 4-4-11 indicated staff administered all medications as indicated on the medication administration record (MAR) except for Milk of Magnesia and Calm Aid which the spouse set up and administered daily at bedtime. However the service plan did not indicate the tenant's preference for assistance with medications by their spouse. The service plan also did not identify the tenant's preference for nursing facility care.

Tenant #2, a 93 year-old, was admitted to the program on 11-14-07 with diagnoses of: Hypertension (HTN), Asthma, and Esophageal Reflux. A medication pass was observed for this tenant. It was observed that staff set out the plastic tube of Duoneb, an inhaled medication, for the tenant to self-administer.

Staff also measured out Nystatin liquid for Tenant #2 in a medication cup for the tenant to self-administer as a swish and swallow medication. Staff did not observe the tenant performing the inhalation treatment or using the swish and swallow medication. The functional assessment dated 5-20-10 indicated the tenant required complete supervision for administration of all medications. A handwritten noted indicated the staff administered all medications except those indicated on the MAR and the daily fiber supplement. A handwritten noted dated 11-1-10 indicated there were no changes. A review of the MAR for April and May 2011 did not indicate tenant #2 was to self-administer the Duoneb or the Nystatin. A review of the service plan dated 11-1-10 indicated staff was to administer medications for tenant #2. The service plan did not specify any medications the tenant was to self-administer. The service plan did not indicate the tenant#2's preference for assistance. The service plan did not identify the tenant's preference for nursing facility care.

Tenant #3, a 99 year-old, was admitted to the program on 9-5-09 with diagnoses of: Hypothyroidism, Tachycardia, and HTN. The tenant was scored at three on the GDS, which indicated mild cognitive decline. The service plan does not indicate tenant #3's preference for nursing facility care.

Tenant #4, a 99 year-old, was admitted to the program on 7-2-03 with diagnoses of: Degenerative Joint Disease, Macular Degeneration with blindness, Osteopenia, Venous Insufficiency, and Hypothyroidism. The functional assessment dated 7-6-10 indicated the tenant needed total assistance with bathing including complete washing and drying of the body, total assistance with hygiene including washing, combing hair, and brushing teeth, and moderate assistance with dressing. A review of the service plan dated 7-6-10 indicated staff would provide assistance and supervision with bathing twice a week, provide assistance with hygiene twice a day, and total assistance with dressing. The needs indicated in the functional assessment were different than the needs identified in the service plan. The service plan was not based on the functional assessment. The service plan does not indicate tenant #4's preference for nursing facility care.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26(1))

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum the tenant's identified needs and preferences for assistance; and 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 program occupancy. (IAC r. 481-69.26(4)(a)(e))

Dated this 7th day of June, 2011.