IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 8, 2011

Ms. Jean Palmer, Director
Cornerstone Assisted Living
300 2nd Street NE
Mason City, IA 50401-3412

RE: Final Recertification Monitoring Evaluation Report – Cornerstone Assisted Living, Mason City, IA

Dear Ms. Palmer:

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. DIA denies your Request for Reconsideration. The documentation that was submitted does not show that a complete health evaluation was completed at the required intervals. 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 **S0120** with effective dates of **July 12, 2011** through **July 11, 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:

Jean Palmer, Director
Cornerstone Assisted Living
300 2nd St. NE
Mason City, Iowa 50401-3412

Date of Monitoring Visit:

June 14, 2011

Monitor(s):

Maribeth Freland 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 Cornerstone Assisted Living on 6-14-11. 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:	33
Current number of tenants with cognitive disorder:	1
Total Population:	34

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 13 tenants. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend the program to others.

Program History – The program had no regulatory insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Evaluation of Tenant

- Monitoring Observation: Tenant #1, an 88 year old, was admitted 1-27-08 with diagnoses of: Memory Loss, Heart Disease, Arthritis and Hypertension (HTN). Tenant #1's clinical record included a Nursing Assessment Form, dated as completed on 1-25-08. The form included a nursing evaluation of Tenant #1's health status, including vital signs and evaluations of the respiratory, gastrointestinal, urinary, cardiac and integumentary systems. The clinical record lacked any further documentation of completion of the Nursing Assessment Form.

  Tenant #2, a 91 year old, was admitted 5-31-08 with diagnoses of: Heart Disease, Arthritis, Osteoporosis and HTN. Tenant #2's clinical record included a Nursing Assessment Form, dated as completed on 5-16-08. The form included a nursing evaluation of Tenant #2's health status, including vital signs and evaluations of the respiratory, gastrointestinal, urinary, cardiac and integumentary systems. The clinical record lacked any further documentation of completion of the Nursing Assessment Form.

  Tenant #3, a 79 year old, was admitted 7-4-09 with diagnoses of: Senile Dementia, Anxiety, Arthritis and HTN. Tenant #3's clinical record included a Nursing Assessment Form, dated as completed on 6-25-09. The form included a nursing evaluation of Tenant #3's health status, including vital signs and evaluations of the respiratory,

gastrointestinal, urinary, skin and cardiac systems. The clinical record lacked any further documentation of completion of the Nursing Assessment Form.

On 6-14-11 at approximately 2:00 PM, Staff Member #1, a registered nurse, reported she only completed the Nursing Assessment Form prior to admission. She reported evaluating tenant health status only as needed, documenting in nurse notes as the issues arise. Staff Member #1 reported she completed a paragraph summary of each tenant's health status within 30 days of admission and every 90 days thereafter.

The program failed to complete a health evaluation for each tenant as required at least annually.

- 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))

Dated this 8th day of July, 2011.