IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 19, 2011

Amy Crouse-Spurgeon, Administrator
Prairie Hills Assisted Living at Ottumwa
173 E. Rochester
Ottumwa, IA 52501

RE: Final Recertification Monitoring Evaluation Report – Prairie Hills at Ottumwa, Ottumwa, IA

Dear Ms. Spurgeon:

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 **S0259** with effective dates of **July 19, 2011** through **July 18, 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:

Amy Crouse-Spurgeon, Administrator
Prairie Hills Assisted Living at Ottumwa
173 E. Rochester
Ottumwa, IA 52501

Date of Monitoring Visit:

July 12, 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 Prairie Hills Assisted Living at Ottumwa on July 12, 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:	45
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	46

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

Total Population of DSP:	8

Total Census of ALP: 54

***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 14 tenants. The tenants stated housekeeping services were completed to their satisfaction and cleaning was available whenever asked. The buildings and grounds were safe, clean and sanitary. One tenant stated it would be nice to have the laundry returned the same day that it was taken to be laundered. Other tenants stated they did receive laundry back on the same day depending on what time laundry is picked up. Nursing services were available and staff responded within 10 minutes of less when assistance was requested. The tenants stated they received more services than expected. They stated staff was great, knew what services to provide and were trained appropriately. Food was adequate but tasted like institutional food. Breakfast was wonderful. More variety and flavoring was requested, along with more variety of salads. Main entrees tasted like they were boiled in water. Hot foods were sometimes served too hot and other foods cooled off quickly and were not as hot as desired. Suggestions for improvement included offering more fresh fruit, more variety on the salad bar and ice cream or sherbet. There were many activities offered. The tenants liked outside entertainment, exercises and shopping trips. The tenants felt safe, made their own decisions, were generally satisfied and would recommend the program to others. The tenants stated the real plus was the very dedicated staff as they made everyone feel like they were at home.

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: Five tenant files were reviewed.

Tenant #1, a 78 year old, was admitted on 4-11-11 and diagnoses include: Irritable Bowel Syndrome, Dementia of Alzheimer's type and Depression. The health evaluation completed on 5-10-11 indicated a 13 pound weight loss since admission. No interventions addressing weight loss were indicated on the service plan.

Tenant #2, an 86 year old, was admitted on 5-11-10 and diagnoses include: Congestive Heart Failure, Failure to Thrive, Depressive Disorder, Diabetes, Gastric Esophageal Reflux Disease, Hyperlipidemia, Hypertension, and Peripheral Vascular Disease. The health evaluation completed on 6-24-11 indicated a 21 pound weight loss since 5-11-11. No interventions addressing weight loss were indicated on the service plan.

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

B. Medications

Monitoring Observation: Observation of the noon medication pass revealed Staff #2 documented the administration of medications prior to offering the medications to Tenant #2 and Tenant #3. Staff #2 administered eye drops to Tenant #4 without reviewing the Medication Administration Record or the medication container.

- Regulatory Insufficiency: When medications are administered traditionally by the program: The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655–Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6))

C. Food Service

Monitoring Observation: Five employee files were reviewed. Staff #1 and Staff #5 worked in the memory care unit and served food. Neither staff member had annual in-service training on sanitation and safe food handling prior to handling food.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (IAC r. 481-69.28(5))

D. Staffing

Monitoring Observation: Five employee files were reviewed. Staff #1 did not have documentation of nurse delegations for medication administration, blood sugar checks or insulin reminders. Staff #2 had documentation of nurse delegations for medication administration, blood sugar checks and insulin reminders but they were not completed by the current nurse. Staff #3 did not have documentation of nurse delegations for activities of daily living (ADLs). Staff #4 did not have documentation of nurse delegations for ADLs.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1)

Dated this 18th day of August, 2011.