IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

September 1, 2011

Ms. Heather A. Venz-Frank, Administrator
Edgewater Assisted Living
9225 Cascade Avenue
West Des Moines, IA 50266

RE: Final Recertification Monitoring Evaluation Report – Edgewater Assisted Living, West Des Moines, IA

Dear Ms. Frank:

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 **S0296** with effective dates of **September 2, 2011** through **September 1, 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:

Heather A. Venz-Frank, Administrator
Edgewater Assisted Living
9225 Cascade Ave.
West Des Moines, IA 50266

Date of Monitoring Visit:

August 16, 2011

Monitor(s):

Hal L. Chase, RN BSN MPH

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 Edgewater Assisted Living on August 16, 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:	21
Current number of tenants with cognitive disorder:	4
Total Population of GPP:	25

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

Total Population of DSP:	15
Total Census of ALP:	40

***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 11 tenants Tenants reported they liked living at the program. Housekeeping and laundry services were completed to their satisfaction. The building and grounds were safe, clean and sanitary. Nursing services were available and staff responded to their calls for assistance in five minutes or less. Staff was trained well, was courteous and treated them like family. The food was good, a variety of fruits and vegetables were offered on a consistent basis and staff served food appropriately and on time. Tenants liked the activities offered and the activities director was interested in what each tenant liked. Tenants made their own decisions, felt safe living at the program and would recommend the program to anyone.

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: Three tenant files were reviewed. Tenant #1, (the Tenant) a 90 year old, was admitted on 8-10-10 and had diagnoses of: Dementia, Iron Deficiency Anemia and History of Left Humeral Fracture. A cognitive evaluation of 10-30-10 revealed the tenant was staged at five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. The Tenant resided in the dementia unit. A service plan of 10-30-10 revealed the Tenant needed daily staff assistance with walking, standby assistance for distance and/or wheelchair assistance for distance, daily assistance with toileting, including prompting and cueing and assist as needed for pericare.

Interdisciplinary notes of 5-4-11 through 7-15-11 noted a decline in the Tenant's functional and cognitive status. On 6-22-11 the Program notified the Tenant's physician the Tenant continued to need two staff assist for transfers and was hesitant to take any steps. A request was made for a physical therapy evaluation and treatment. Physical therapy evaluation of 6-30-11 revealed the tenant was able to transfer without assistance and needed standby assistance with ambulation, however, due to the Tenant's Dementia, the Tenant would have a lack of carryover for teaching/training for physical therapy. A 90-day nurse review was completed on 7-15-11 and revealed the Tenant had fallen or was found on the floor by staff on 5-4-11 and 6-7-11. The Tenant was unable to stand without assistance, was unable to walk at all and required two staff for all transfers for several days. The Tenant was to toilet regularly but was unable to complete pericare independently. On 7-25-11, the Tenant was found on the floor near the bathroom. Staff wasinstructed to check on the Tenant every two hours and toilet the Tenant at night. The service plan was not updated with a change in status.

Tenant #2, (the Tenant) a 77 year old, was admitted on 12-30-10 and had diagnoses of: Malignant Neoplasm Bronchus, Chronic Airway Obstruction, Hypothyroidism, Esophageal Reflux, Nausea, Anxiety, Depression, and Hyperlipidemia. The Tenant was admitted to hospice on 11-20-10 with an admitting diagnosis of Malignant Neoplasm Bronchus Lung. Interdisciplinary notes of 7-28-11 and 7-30-11 revealed the Tenant had fallen during the late night hours. A physician's order of 7-29-11 revealed the Tenant was to be on continuous oxygen at 1.5 to 2.0 liters per minutes. A hospice care plan of 8-5-11 revealed the Tenant was to use an oxygen concentrator continuously. A service plan of 8-5-11 did not reference the Tenant was on continuous oxygen. The program did not have interventions related to the Tenant's need for oxygen therapy.

Tenant #3, (the Tenant) an 83 year old, was admitted on 9-18-10 and had diagnoses of: Alzheimer's Dementia, Chronic Fatigue Syndrome, Dermatitis, Otitis Media, Depression, Hemorrhoids, Hard of Hearing, Hyperlipidemia, and Insomnia. A cognitive evaluation was completed on 4-27-11 and staged the Tenant at five on the GDS, which indicated moderately severe cognitive impairment. The Tenant resided in the dementia unit. Interdisciplinary notes of 4-9-11 revealed the Tenant's weight decreased by four pounds within the last six months, the Tenant was distracted at meals and was often concerned about another tenant during meals. Staff offered cues to promote good choices whenthe Tenant declined to eat entrées and requested desserts. The Tenant "often" required redirection to find his/her apartment. The service plan of 4-27-11 revealed the Tenant was independent with ambulation, without mention of staff providing redirection when the Tenant couldn't find his/her apartment. The service plan revealed the tenant was independent with eating and did not establish interventions directing staff to prompt or cue the Tenant to eat.

- 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))

Dated this 1st day of September, 2011.