IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

September 8, 2011

Linda Williams, Director
Willows Assisted Living
324 SW 6th Street
Stuart, IA 50250

RE: Final Recertification Monitoring Evaluation Report – Willows Assisted Living, Stuart, IA

Dear Ms. Williams:

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 **S0122** with effective dates of **September 6, 2011** through **September 5, 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:

Linda Williams, Director
The Willows Assisted Living
324 Southwest 6th Street
Stuart, IA 50250

Date of Monitoring Visit:

August 17, 2011

Monitor(s):

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 The Willows Assisted Living on August 17, 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:	11
Current number of tenants with cognitive disorder:	0
Total Population:	11

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 ten tenants. The tenants stated they liked living there. Housekeeping was completed to their satisfaction and the buildings and grounds were clean and sanitary. Nursing services were available when requested and staff responded right away when called. The tenants described the care they received as very good. Staff treated them well, knew what services to provide and was trained appropriately. The tenants did not like the food. They stated that hamburger was served too frequently and the evening meal consisted of too many cold sandwiches. A recent entrée choice of a fruit plate consisted of canned peaches, pineapple and cranberry jelly. Pork loin was dry, tough, hard and unable to be cut or chewed. The tenants stated they have never left the table hungry, but definitely unsatisfied, needing to go to their apartment to eat their own foods to be satisfied. The tenants stated activities were very good and did not offer any suggestions for other activities. The tenants felt safe and were generally satisfied with the Program, except for the food. They would recommend the Program to others but would warn them about the food. The tenants requested the doors be locked later in the evening, such as 8:00 p.m. or 9:00 p.m. versus 6:30 p.m. so that evening visitors could enter the building. They also requested the television in the living room not be turned on unless someone was watching it.

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. Evaluation of Tenant

Monitoring Observation: Three tenant files were reviewed.

Tenant #1 (the Tenant), an 88 year old, was admitted on 2-4-06 and diagnoses include: Dementia, Degenerative Joint Disease and Glaucoma. The Tenant had a health evaluation completed on 4-23-11 and a functional evaluation completed on 4-25-11. An annual service plan was completed on 4-25-11. A cognitive evaluation was not completed.

Tenant #2 (the Tenant), an 85 year old, was admitted on 6-2-07 and diagnoses include: Hyperlipidemia, Hypothyroidism, Hypertension, Memory Disorder and Gout. Health and functional evaluations were completed on 6-21-11. An annual service plan was completed on 6-21-11. A cognitive evaluation was not completed.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also 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 evaluations shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: Three tenant files were reviewed.

The file was reviewed for Tenant #1 (the Tenant). A health evaluation was completed on 4-23-11 and a functional evaluation was completed on 4-25-11. A service plan was completed on 4-25-11. A cognitive evaluation was not completed prior to the development of the service plan. The service plan was not based on a cognitive evaluation.

The file was reviewed for Tenant #2 (the Tenant). A health and functional evaluation was completed on 6-21-11. A service plan was completed on 6-21-11. A cognitive evaluation was not completed prior to the development of the service plan. The service plan was not based on the cognitive evaluation.

- 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))

C. Food Service

Monitoring Observation: Three staff files were reviewed. The certificates for the training on the orientation for sanitation and safe food handling prior to handling and the annual in-service training on food preparation was provided and signed by the Dietary Manager and/or the Director. Neither trainer had current training from a state approved food service provider. The Dietary Manager stated her certification had expired and did not provide a certificate for review. The Director provided a certificate dated 10-3-00 that was valid for five years.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food 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. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by: Obtaining certification as a dietary manager; or obtaining certification as a food protection professional; or successfully completing a course meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another course may be substituted if the course's curriculum includes substantially similar competencies to a course that meets the requirements of the Food Code and the provider of the course files with the department a statement indicating that the course provides substantially similar instruction as it relates to sanitation and safe food handling.
  (IAC r. 481-69.28 (5)(a)(1-3))

Dated this 7th day of September, 2011.