IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

November 7, 2011

Ms. Kim Stodgel, Executive Director
The Lakeside Village
2067 Highway 4
Panora, IA 50216

RE: Final Recertification Monitoring Evaluation Report – The Lakeside Village, Panora, IA

Dear Ms. Stodgel:

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 **S0264** with effective dates of **November 8, 2011** through **November 7, 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:

Kim Stodgel, Executive Director
The Lakeside Village
2067 Highway 4
Panora, IA 50216

Date of Monitoring Visit:

September 21, 2011

Monitor(s):

Lori Miner, RN BSN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview:

An on-site monitoring evaluation was conducted at Lakeside Village on September 21, 2011. In preparing this report, the following information was considered:

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	19
Number of tenants with cognitive disorder:	0
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	2
TOTAL census of Assisted Living Program	23

Tenant/Family Satisfaction Results – A meeting was held with eight tenants. The best thing about the Program was the food, the pleasant staff, and the activities. Housekeeping was done to the tenants' satisfaction. Maintenance responded to requests in a timely manner. The water quality could be improved. The tenant's use a call pendant to request assistance. Staff responded in less than five minutes to requests for assistance. Staff treated the tenants with respect. The food was described as good. Hot foods were generally served hot. A variety of foods was served and alternatives were available. There were enough activities offered. The tenants felt safe and were generally satisfied with the program.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Service Plan

Monitoring Observation: Tenant #1 (the Tenant), a 91 year-old, was admitted on 11-15-09 and had diagnoses of Hypertension, Diabetes, Gastroesophageal Reflux Disease, and Sick Sinus Syndrome. The Tenant was staged at two on the Global Deterioration Scale (GDS), which indicated very mild cognitive decline. The Tenant sustained a left hip fracture and returned to the The Lakeside Village (the Program) on 9-17-11. According to the Registered Nurse, the Tenant was placed in a room in the secured dementia unit for better observation and assistance until she was sure how the Tenant was doing. The Tenant previously resided in the general population area and was independent with ambulation. Evaluations completed upon return to the Program revealed the Tenant was independent in the room and transferred independently. Staff #2 revealed the Tenant was routinely checked on so staff could assist with transfers. A tour of the dementia unit revealed a chair outside the Tenant's room.

The staff member indicated the chair was for staff to use to observe the Tenant and be available to assist with transfers as the Tenant wanted to get up without assistance. The service plan revealed the Tenant was independent in room. The service plan did not identify the services and interventions provided.

Tenant #2 (the Tenant), an 82 year-old, was admitted on 1-21-11 with a diagnosis of Myasthenia Gravis. The Tenant was staged at four on the GDS, which indicated moderate cognitive decline. The Tenant resided in the secured dementia unit. The service plan did not identify planned and spontaneous activities based on the Tenant's abilities and interests.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum the tenant's identified needs and preferences for assistance and for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (IAC r. 481-69.26(4)(a,d))

B. Dementia-Specific Education for Program Personnel

Monitoring Observation: Staff #3 was hired 4-25-11 as a Universal Worker (UW). Staff #4 was hired 4-20-11 as a UW. Staff #5 was hired 7-1-11 as a UW. Staff #6 was hired 8-4-10 in Dietary. Staff #7 was hired 6-27-11 as a UW. Staff member files lacked documentation of dementia education.

Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))

Dated this 14th day of October, 2011.