

INSPECTIONS & APPEALS

TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

November 7, 2011

Mr. Gary Troth, Administrator
Northern Hills Assisted Living
4002 Teton Trace
Sioux City, IA 51104

**RE: Final Recertification Monitoring Evaluation Report – Northern Hills
Assisted Living, Sioux City, IA**

Dear Mr. Troth:

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 Request for Reconsideration regarding Staffing has been denied due to lack of complete nurse delegation standards. 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 **S0058** with effective dates of **December 12, 2011** through **December 11, 2013**.

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION
(515) 281-5457
FAX: (515) 242-6863

ADMINISTRATIVE HEARINGS
(515) 281-6468
FAX: (515) 281-4477

Telephone Number for the Hearing Impaired: (515) 242-6515

HEALTH FACILITIES
(515) 281-4115
FAX: (515) 242-5022

INVESTIGATIONS
(515) 281-5714
FAX: (515) 242-6507

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:

Gary Troth, Administrator
Northern Hills Assisted Living
4002 Teton Trace
Sioux City, IA 51104

Date of Monitoring Visit:

October 11, 2011

Monitor(s):

Maribeth Freland, RN
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 Northern Hills Assisted Living on October 11, 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:	<u>65</u>
Number of tenants with cognitive disorder:	<u>2</u>
Total Population of Program at time of on-site	<u>67</u>
 TOTAL census of Assisted Living Program	 <u>67</u>

Tenant/Family Satisfaction Results – A meeting was held with 26 tenants and three family members. Housekeeping was completed to the tenants' satisfaction. The building and grounds were kept clean as well. The tenants reported using an emergency pendant if needed; staff members are very quick to respond. Staff members were described as friendly, helpful, and respectful. A variety of foods was served and hot foods were served hot. There were enough activities offered. The tenants would recommend the program to others.

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. Staffing

Monitoring Observation: Tenant #1 (the Tenant), a 99 year-old, was admitted on 3-17-07 and had diagnoses of: Macular Degeneration, Diabetes, Hypertension, and Colostomy. The service plan revealed the Tenant would be assisted with colostomy care.

Staff #2 was hired 3-16-11 as a Certified Nursing Assistant and Medication Manager. Staff #3 was hired 5-17-10 as a Medication Manager. Staff #5 was hired 4-18-11 as a Medication Manager. A review of the Direct Care Staff Competencies Checklist for Staff #2, #3, and #5 revealed the registered nurse completed only a "verbal review" of colostomy care. The checklist lacked documentation of registered nurse observation of each staff members' demonstration of colostomy care to determine competency.

Regulatory Insufficiency: Any nursing services shall be provided in accordance with Iowa Code chapter 152 and 655—Chapter 6. (IAC r. 481-67.9(5))

Dated this 4th day of November, 2011.