IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

November 18, 2011

Ms. Laura Hansen, Administrator
Elm Crest Retirement Community
2104 12th Street
Harlan, IA 51537

RE: Final Recertification Monitoring Evaluation Report – Elm Crest Retirement Community, Harlan, IA

Dear Ms. Hansen:

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 **S0059** with effective dates of **January 30, 2012** through **January 29, 2014**.

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:

Laura Hansen, Administrator
Elm Crest Assisted Living
2104 12th Street
Harlan, IA 51537

Date of Monitoring Visit:

October 19, 2011

Monitor(s):

Hal L. Chase, RN BSN MPH

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.

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:	26
Number of tenants with cognitive disorder:	4
TOTAL census of Assisted Living Program	30

Tenant/Family Satisfaction Results – A community meeting was held with 26 tenants. Tenants reported they liked living at the program. Housekeeping and laundry services were completed to a high standard and the building and grounds were clean, safe and well kept. Nursing services were excellent and staff was trained well and knew what services they needed. Meals prepared by the program were "okay," but there were a few times tenants didn't like the way food was prepared. Activities were offered daily and tenants participated in activities at the adjacent nursing facility. Tenants recommended the program to anyone wanting to live in an assisted living 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. Evaluation of Tenant

Monitoring Observation: Four tenant files were reviewed. Tenant #1 (the Tenant), an 89 year old, was admitted on 11-15-09 and had diagnoses of: Diabetes Mellitus, Hypertension (HTN), Hyperlipidemia, Asthma, Hypothyroidism, Edema and Chronic Obstructive Pulmonary Disease (COPD). An annual cognitive evaluation was completed on 1-11-11, but annual functional and health evaluations were not completed.

Tenant #2 (the Tenant), an 89 year old, was admitted on 12-22-10 and had diagnoses of: Cerebrovascular Disease, Persistent Migraine, Labrynthitis, HTN and Edema. A service plan was updated on 8-31-11 to reflect staff assistance with personal and health related cares. Functional, cognitive and health evaluations were not completed with a change in status.

Tenant #3 (the Tenant), a 92 year old, was admitted on 10-2-11 and had diagnoses of: Senile Dementia, HTN, Peripheral Vascular Disease and Depressive Disorder. An initial cognitive evaluation of 9-22-11 indicated the Tenant scored six out of nine, which indicated moderate cognitive impairment. Resident notes of 10-3-11 indicated the Tenant wandered throughout the program and was found by staff one block from the program. Resident notes of 10-9-11 through 10-11 indicated the Tenant continued to be confused and had difficulty finding his/her room. The program did not complete functional, cognitive and health evaluations with a change in status.

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 evaluation 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: Four tenant files were reviewed. Tenant #1's annual service plan was updated on 1-11-11, but was not supported by a functional and health evaluation.

Tenant #2's service plan was updated on 8-31-11 to reflect staff assistance with personal related cares. The service plan was not supported by functional and health evaluations.

Tenant #3's resident notes of 10-3-11 indicated the Tenant wandered throughout the program and was found by staff one block from the program. Resident notes of 10-9-11 through 10-11 indicated the tenant continued to be confused and had difficulty finding his/her room. The service plan was not updated to reflect interventions related to wandering and elopement.

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))

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))