IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

February 17, 2012

Ms. Susan Schmitt, Administrator
Arbor Place
1140 K Avenue NW
Cedar Rapids, IA 52405

**RE: Final Recertification Monitoring Evaluation Report – Arbor Place, Cedar Rapids, IA**

Dear Ms. Schmitt:

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 **S0065** with effective dates of **March 15, 2012** through **March 14, 2014**.

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:**

Susan Schmitt, Administrator
Arbor Place
1140 K Avenue NW
Cedar Rapids, IA 52405

**Date of Monitoring Visit:**

November 8, 2011

**Monitor(s):**

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

**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**: ***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.

| **Dementia-Specific Program by Dedication** | |
|---|---|
| Number of tenants without cognitive disorder: | 3 |
| Number of tenants with cognitive disorder: | 14 |
| Total Population of Program at time of on-site | 17 |
| **TOTAL census of Assisted Living Program** | 17 |

**Tenant/Family Satisfaction Results** – A community meeting with four tenants was held. Housekeeping services were completed to their satisfaction and the building and grounds were safe, clean and sanitary. No improvements were needed in these areas. Nursing services were available if needed. They were getting the services promised in the occupancy agreement. The tenants received good care and described staff as marvelous and cooperative. Staff treated the tenants with respect. They described the food as excellent and a variety of meats, vegetables and desserts were offered. Staff served them appropriately and they had no complaints about the food. There were enough activities offered and they enjoyed exercises and card games. They felt very safe and enjoyed the freedom the Program offered. The tenants were generally satisfied with the Program and would recommend it to others. They enjoyed the companionship and privacy offered. One tenant stated he/she was pleased it was a non-smoking building.

**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), a 62 year old, was admitted on 9-12-11 and had diagnoses of Organic Brain Syndrome, Mental Disorder, Alzheimer's Disease, Rheumatoid Arthritis, Respiratory Failure, Pneumonia, and Degenerative Brain. The Tenant was staged at a 6.2 on the Brief Cognitive Rating Scale (BCRS). A functional and cognitive evaluation was completed on 9-12-11 but a health evaluation was not completed. A health evaluation was not completed prior to taking occupancy.

Tenant #2 (the Tenant), a 90 year old, was admitted on 5-26-11 and had diagnoses of Hypertension, Dementia, Osteoarthritis and Coronary Artery Bypass Graft(x 4). The Tenant was staged at a 4.6 on the BCRS. A health evaluation was completed on 6-24-11

but functional and cognitive evaluations were not completed. Functional and cognitive evaluations were not completed within 30 days of taking occupancy. According to the visit notes from an Advanced Registered Nurse Practitioner dated 8-23-11, it was an acute visit to follow up on reports of elopement attempts on 8-21-11. The Tenant tried to climb over and under the fence and pulled on the fence. The Tenant had several elopement attempts when he/she initially transferred in May/June but that had resolved, according to the notes. The Tenant was started on low dose Trazodone in July for increased restlessness in the afternoons. Evaluations were not completed as needed with increased restlessness and elopement attempts.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

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))