IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 23, 2011

Mr. Ron Osby, Administrator
Arbor Heights at University
233 University Avenue
Des Moines, IA 50314

RE: Final Recertification Monitoring Evaluation Report – Arbor Heights at University, Des Moines, IA

Dear Mr. Osby:

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 **S0072** with effective dates of **March 31, 2012** through **March 30, 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:

Ron Osby, Administrator
Arbor Heights Assisted Living
233 University Avenue
Des Moines, IA 50314

Date of Monitoring Visit:

November 17, 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.

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.

	General Population Program
Number of tenants without cognitive disorder:	19
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	20
TOTAL census of Assisted Living Program	20

Tenant/Family Satisfaction Results – A community meeting was held with 13 tenants. Tenants reported they liked living at the program. Housekeeping and laundry services were completed to their satisfaction. The building and grounds were safe, clean and sanitary. Nursing services were available when needed, staff gave good care. Staff treated tenants with respect and dignity and responded within ten minutes of being called. Tenants reported they liked the food, were given a variety of meats, vegetables and desserts. There were enough activities offered, with no other suggestions offered. Tenants felt safe living at the program and made their own decisions related to personal and health related cares. Tenants were generally satisfied with the program and would recommend the program to anyone.

Program History – There were no regulatory insufficiencies during this recertification period.

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

A. Service Plan

Monitoring Observation: Four tenant files were reviewed. Tenant #1(the Tenant), a 101 year old, was admitted on 7-1-09 and had diagnoses of: Osteoarthrosis, Congestive Heart Failure, Muscle Weakness, Failure to Thrive, Dehydration, Joint Disorder and Atrial Fibrillation. An annual service plan was completed on 6-21-11. Functional, health and cognitive evaluations were completed on 6-22-11 and 7-8-11 respectively. The service plan was developed prior to evaluations being completed and was not signed by the Tenant.

Tenant #2 (the Tenant), a 91 year old, was admitted on 9-9-11 and had diagnoses of: Arthritis, Atrial Fibrillation, Coronary Artery Disease, Peripheral Vascular Disease, Osteoporosis, Hypertension and Asthma. An initial service plan was completed on 9-9-11, but the service plan was not updated within 30-days of admission.

Tenant #3 (the Tenant), a 74 year old, was admitted on 2-8-10 and had diagnoses of: Hypothyroidism. An annual service plan was completed on 1-31-11, but was not signed by the Tenant.

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: Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. (IAC r. 481-69.26(2))