IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

April 27, 2012

Mr. Craig McNaughton, Manager
Elmwood PE, LLC
190 North 15th Street
Onawa, IA 51040

RE: Final Recertification Monitoring Evaluation Report – Elmwood PE, LLC, Onawa, IA

Dear Mr. McNaughton:

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 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 **S0142** with effective dates of **June 13, 2012** through **June 12, 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:

Craig McNaughton
Elmwood PE LLC
190 North 15th Street
Onawa, IA 51040

Date of Monitoring Visit:

March 12, 2012

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:	22
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	22
TOTAL census of Assisted Living Program	22

Tenant/Family Satisfaction Results – A community meeting was held with 15 tenants in attendance. Tenants liked living at the program, liked their apartment, and reported the building and grounds were clean safe and sanitary. Nursing services were available when needed; staff was trained to provide their care and responded quickly to their calls. Staff treated them well and gave good care. The food was described as good and alternatives to entrees' were offered at every meal, but reported the evening meal was often served cold. There were enough activities offered, but would like staff to participate in these activities. Often, staff was too busy and a tenant would lead the activity. Tenants reported they felt safe, made their own decisions related to personal and health care and recommended the Program to anyone wanting to live at this assisted living program.

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. Medications

Monitoring Observation: Staff #1 was observed administering medications to tenants. During this process, Staff #1 administered medications to three tenants, but did not wash her hands prior to and after administering medications to tenants. Staff #1 was asked about hand washing and reported she was not trained to wash hands prior to and after administering medications to tenants. Staff #1's file was reviewed and indicated she had received training to administer medications from the Program nurse.

Regulatory Insufficiency: When medications are administered traditionally by the program. a. The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655—Chapter 6 governing nurse delegation. (IAC r.481-67.5(6)(a))

ELMWOOD
CARE CENTRE

April 4, 2012

Jim Berkley
Program Coordinator
Adult Services
DIA
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083

HEALTH FACILITIES

APR 06 2012

Dear Mr. Barkley

Included with this letter is the Plan of Correction for the monitoring of Elmwood PE, LLC. The Monitor was here on March 12, 2012.

If you have any questions do not hesitate to contact me at 712-423-2510. You can also contact me by E mail at admin.ewcc@trilliumhcg.com.

Sincerely

Craig McNaughton

ELMWOOD
CARE CENTRE
222 NORTH
FIFTEENTH STREET
ONAWA,
IOWA 51040-1099
TEL 712-423-2510
FAX 712-423-1754

PLAN ON CORRECTION
ELMWOOD PE, LLC

ELMWOOD CARE CENTRE

HEALTH FACILITIES

APR 06 2012

Monitoring Date: March 12, 2012
Today's Date: 4/4/2012

A. Medications

1. The facility will set up a Medication Tote that will have a supply of Soap, paper towels and alcohol gel that will be taken on medication rounds. The staff member will wash their hands before retrieving the resident's medication box or medication. The staff will wash their hands after handling medication boxes or medication prior to leaving the resident's room.

2. The staff will be in-serviced on the Medication Tote usage and proper hand washing during medication reminders.

3. The Program Director or Designee will audit Medication reminders and medication handling once a week for eight weeks.

4. The regulatory insufficiency will be correct by April 5, 2012.

ELMWOOD
CARE CENTRE
222 NORTH
FIFTEENTH STREET
ONAWA,
IOWA 51040-1099
TEL 712-423-2510
FAX 712-423-1754

IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

91 7108 2133 3938 7312 8036

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

CERTIFIED

March 26, 2012

Mr. Craig McNaughton, Manager
Elmwood PE, LLC
190 North 15th Street
Onawa, IA 51040

Re: Preliminary Recertification Monitoring Evaluation Report – Elmwood PE, LLC, Onawa, IA

Dear Mr. McNaughton:

Enclosed is the **Preliminary 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. The Report notes the Regulatory Insufficiency as defined in the following area(s): Medications.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing your response, use the tenant identifiers in the report, i.e. Tenant #1, Tenant #2, etc. when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

The POC should be submitted to DIA within ten (10) working days of receipt of this letter.

The Program may request DIA reconsider any Regulatory Insufficiency identified in its Report in a document separate from the written POC. The Request for Reconsideration must include supporting additional information/documents to demonstrate that the program was in compliance with the applicable rule at the time of the recertification monitoring visit. **Any Request for**

Reconsideration should be submitted to DIA within 10 working days of receipt of this letter. Regardless of whether a reconsideration request is submitted, a POC must be completed and address each Regulatory Insufficiency.

DIA will consider all Requests for Reconsideration of Regulatory Insufficiencies when the Program's POC is reviewed. During this time, it may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

If you have any questions regarding 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
Preliminary Recertification Monitoring Evaluation Report

Assisted Living Program:

Craig McNaughton
Elmwood PE LLC
190 North 15th Street
Onawa, IA 51040

Date of Monitoring Visit:

March 12, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH

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