IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 1, 2012

Ms. Courtney Rochette, Administrator
Parkview Assisted Living
114 Forest Street
Fairbank, IA 50629

RE: Final Recertification Monitoring Evaluation Report – Parkview Assisted Living, Fairbank, IA

Dear Ms. Rochette:

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 **S0189** with effective dates of **May 7, 2012** through **May 6, 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:

Courtney Rochette, Administrator
Parkview Assisted Living
114 Forest Street
Fairbank, IA 50629

Date of Monitoring Visit:

February 8, 2012

Monitor(s):

Stephanie Cummins, MA

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:	17
Number of tenants with cognitive disorder:	3
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. The tenants said housekeeping services were provided to their satisfaction. The building and grounds were safe, clean and sanitary. One tenant did not like the soft water. Nursing services were available and staff responded promptly when tenants requested assistance. One tenant said staff came running when tenants called for assistance and other tenants said staff responded in less than three minutes. They received the services they expected when they signed the occupancy agreement. The tenants said staff treated them with respect and they knew what services to provide. They described staff as good and very nice and said staff was trained to provide the services needed. The tenants said overall the food was improved and the temperature of the food had also improved. They requested an increase in the variety of foods served at the evening meal and also requested more fresh vegetables. The tenants also requested that sandwich buns were served warm and requested bread served at the noon meal. There were enough activities offered and they enjoyed crafts, card games, Bingo, Bible study and exercises. The tenants felt safe and made their own decisions. They could go to the Administrator with any issues and she followed up on their concerns. They were satisfied with the Program and would recommend it to others. The tenants enjoyed the people there and one tenant said he/she had made friends.

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. Service Plan

Monitoring Observation: Four tenant files were reviewed.

Tenant #1, an 84 year old, was admitted on 10-1-11 and diagnoses include Diabetes-Insulin Controlled, Macular Degeneration, Right and Left Hip Replacements, Coronary Artery Disease, Spinal Stenosis and Hyperlipidemia. According to a Program record, Tenant #1 received reminders for blood sugar checks and insulin. The service plan did not reflect the reminders. The service plan also indicated Tenant #1's spouse administered subcutaneous insulin. Program records identified several instances where Tenant #1's spouse was unable to identify the insulin dose. The service plan did not

reflect reminders of blood sugar checks and insulin. The service plan also did not reflect the difficultly, at times that Tenant #1's spouse had with identification of the insulin dose. The service plan did not reflect the identified needs of the Tenant #1.

Tenant #2, an 85 year old, was admitted on 10-1-11 and diagnoses include Coronary Artery Bypass Graft (x5), Stomach Aneurysm repaired, High Blood Pressure, Arthritis (knees), High Cholesterol and Memory Difficulty. Tenant #2 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. The service plan did not indicate planned and spontaneous activities. According to a functional evaluation, Tenant #2 had episodes of being in halls and unaware of why and was confused. According to a Program record, while staff assisted him/her with medications he/she talked about a gun. The Program identified on the ALP Monitoring Entrance Form that Tenant #2 wandered throughout the Program. The service plan did not reflect the behaviors and wandering. The service plan did not reflect the identified needs of Tenant #2 and did not reflect planned and spontaneous activities.

Tenant #3, an 83, year old, was admitted on 1-28-10 and diagnoses include Dementia, Hypertension, Osteoarthritis (hands and knees), Pneumonia, Shingles and Urinary Tract Infection. Tenant #3 was staged at a six on the GDS, which indicated severe cognitive decline. The service plan did not indicate planned and spontaneous activities. According to Program records, Tenant #3 repetitively asked about the weather outside, asked about school delays, turned his/her thermostat up high, called his/her ride several times after being told several times when the ride would be there and stood by the door to the outside for an hour waiting. The Program identified on the ALP Monitoring Entrance Form that Tenant #3 wandered throughout the Program. The service plan did not identify the behaviors and wandering on the service plan. The service plan did not reflect the identified needs of Tenant #3 and did not reflect planned and spontaneous activities.

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))

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (IAC r. 481-69.26 (4)(d))

B. Food Service

Monitoring Observation: Four staff files were reviewed. Staff #1 and Staff #2 did not have an annual in-service training on food protection. The Administrator was enrolled to take food safety class through a local community college in May 2011. She was in the process of scheduling a time to take the class by the end of this month. Staff #5, a former staff, had taken the ServSafe course in March 2005 and the certificate expired in March 2010. The day the class was scheduled Staff #5 was not able to attend and she retired in May 2011. The program did not have a staff member with current safe food handling training since March 2010. Staff responsible for food preparation or service or both food preparation and service did not have any annual in-service on food protection. One person directly responsible for food preparation had not successfully completed a state-approved food protection program.

Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by: Obtaining certification as a dietary manger; or Obtaining certification as a food protection professional; or Successfully completing a course meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another course may be substituted if the course's curriculum includes substantially similar competencies to a course that meets the requirements of the Food Code and the provider of the course files with the department a statement indicating that the course provides substantially similar instructions as it relates to sanitation and safe food handling. (IAC r. 481-69.28(5)(a)(1-3))

C. Staffing

Monitoring Observation: Four staff files were reviewed. Staff #1, #2, #3 and #4 were universal workers and did not have nurse delegations regarding Activities of Daily Living (ADLs). According to a Program record, staff also provided reminders for blood sugar checks and insulin. Staff #1, #2, #3 and #4 had nurse delegation for medication administration; however, they did not have delegations for reminders of blood sugars and insulin. Staff did not have nurse delegations for ADLs and reminders for insulin and blood sugar checks. Staff did not have appropriate training to fully meet tenants' identified needs.

Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))