IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 16, 2012

Ms. Jana Happe, Manager
Gardens Assisted Living
1610 Highway 3
Cherokee, IA 51012

RE: Final Recertification Monitoring Evaluation Report – Gardens Assisted Living, Cherokee, IA

Dear Ms. Happe:

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 **S0278** with effective dates of **June 30, 2012** through **June 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:

Jana Happe, Manager
The Gardens Assisted Living
1610 Highway 3
Cherokee, IA 51012

Date of Monitoring Visit:

April 11, 2012

Monitor(s):

Lori Miner, RN BSN

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 Definition	
Number of tenants without cognitive disorder:	25
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	36
TOTAL census of Assisted Living Program	36

Tenant/Family Satisfaction Results – A meeting was held with ten tenants. The best thing about the Program was the chance to meet people and the helpful staff members. Housekeeping was completed to the tenants' satisfaction in both apartments and common areas. Tenants used a call button to request assistance. Staff members were reported to respond in five minutes or less. Staff members were described as very good at providing care and treating the tenants well. Most of the time the food was described as good with hot foods served hot. A variety of foods were served. There were enough activities offered. It was suggested that more activities be offered for men. Tenants reported feeling safe at the Program, being generally satisfied with the Program and recommending it to others.

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. Other –Policies and Procedures

Monitoring Observation: A medication pass was observed with Staff #1, a Certified Nursing Assistant. Staff #1 used hand sanitizer upon entrance to the apartment. During the medication pass, Tenant #1 requested his/her dentures. Staff #1 was observed applying gloves and handing dentures to Tenant #1. Afterwards, Staff #1 removed the gloves but did not wash hands or use sanitizer. Tenant #1 used inhalers, Spiriva and Advair. Staff #1 applied gloves to handle the inhalers and the capsule placed inside the inhaler. Tenant #1 was handed the inhalers to then self-administer. Staff #1 went on to administer a nasal spray to Tenant #1. A gloved hand grasped the nasal spray and touched Tenant #1's face and nasal area as the spray was administered. Staff #1 removed the gloves after the administration of the nasal spray. Hands were not washed or sanitized. Staff #1 documented the administration of the medications, and did not wash hands prior to leaving Tenant #1's apartment.

Staff #1 went to Tenant #2's apartment to administer medications. Staff #1 used hand sanitizer upon entrance to the apartment. Staff #1 applied gloves; administered an eye drop, and then removed the gloves. Staff #1 did not wash hands or use sanitizer.

Staff #1 documented the administration of the medications, and did not wash hands prior to leaving Tenant #2's apartment.

Nurse-delegation procedures signed by Staff #1 were reviewed. The procedure for denture care indicated hands were to be washed or sanitized after the completion of denture care. The procedure for assisting with inhalers indicated hands were to be washed or sanitized after the use of the inhaler. The procedure for nasal spray indicated gloves were to be removed and hands were to be washed or sanitized after the use of the nasal spray. The procedure for instilling eye drops indicated hands were to be washed or sanitized after the removal of gloves.

The procedure established by the Program for the removal of gloves followed by hand washing or sanitizing was not followed for denture care, inhalers, nasal spray, and eye drops.

Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. (IAC r. 481-67.2)