IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 31, 2012

Mr. Ron Perry, Executive Director
Fox Run Assisted Living
3121 MacIneery Drive
Council Bluffs, IA 51501

RE: Final Recertification Monitoring Evaluation Report – Fox Run Assisted Living, Council Bluffs, IA

Dear Mr. Perry:

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) and your Request for Reconsideration 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.

Based on the information provided, DIA accepts your Request for Reconsideration of the monitoring observation regarding the Exit Door Alarm System and the observation was amended regarding audible alarms.

Enclosed you will find the Assisted Living Program Certificate **S0193** with effective dates of **July 1, 2012** through **June 30, 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:

Ron Perry, Executive Director
Fox Run Assisted Living
3121 MacIneery Drive
Council Bluffs, IA 51501

Date of Monitoring Visit:

February 29, 2012
March 1, 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:	61
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	72
TOTAL census of Assisted Living Program	72

Tenant/Family Satisfaction Results – A meeting was held with 11 tenants. The best thing about the Program was the interaction with other tenants, the activities, the ability to bring your pet with you, and the staff members. Housekeeping was reported to be done to the tenants' satisfaction in both apartments and common areas. Maintenance was reported to be good. Tenants used a call pendant to request assistance, which was worn around the neck. Tenants would like to see a waterproof call button, or one worn on the wrist. Staff members responded to request for assistance in less than five minutes. Staff members were described as good and being trained to assist the tenants. Staff members treated the tenants kindly and with respect. The tenants noted staff members were also helpful to each other. The food was described as good, with choices offered. A variety of foods were offered, and fresh fruit was sitting out in the coffee shop. Hot foods were served hot; the tenants would like to have the plates warmed. There were enough activities offered and the Program was open to suggestions, although tenants had none at this time. Tenants reported feeling safe at the Program, were generally satisfied, and would recommend the Program 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. Exit Door Alarm System

Monitoring Observation: During a recertification visit on 10-25-10, the Program indicated a census of 62 tenants, 12 of which were identified as having dementia. The Program was dementia-specific by definition on the 10-25-10 visit. During this recertification visit, the Program indicated a census of 72 tenants, 11 of which were identified as having dementia, having a Global Deterioration Scale score of four or above. This was the second sequential certification in which the Program was identified as dementia-specific by definition.

Iowa Administrative Code 69.2(2) relates to dementia-specific programs and door alarms. "If a program meets the definition of a dementia-specific assisted living program during two sequential certification monitorings, the program shall meet all requirements for a dementia-specific program, including the requirements set forth in rule 481—69.30(231C), subrules 69.29(2) and 69.29(4), paragraph 69.35(1)*"d,"* and subrule 69.32(2), which includes the requirements relating to door alarms."

In an interview with the registered nurse (RN), she stated the doors were not alarmed. It was noted the main entrance required a code to enter and exit, however, in an emergency the doors could be manually opened. When the doors were manually opened, no alarm sounded and notification was not sent to staff pagers. Other exit doors were noted throughout the building. According to the RN, when these exit doors were opened, notification was sent to staff pagers.

The Program was dementia-specific by definition for two sequential certification periods and not all the doors were alarmed as required.

Regulatory Insufficiency: An operating alarm system shall be connected to each exit door in a dementia-specific program. A program serving a person(s) with cognitive disorder or dementia, whether in a general or dementia-specific setting, shall have: (a) Written procedures regarding alarm systems and appropriate staff response when a tenant's service plan indicates a risk of elopement or a tenant exhibits wandering behavior. (b) Written procedures regarding appropriate staff response if a tenant with cognitive disorder or dementia is missing. (IAC r. 481-69.32(2)(a,b))

B. Record Checks

Monitoring Observation: Staff #1 was hired 11-2-10 as a medication manager. The Program utilized the SING online system on 10-22-10. Staff #1 was not found in the criminal background or child abuse registry. The SING report revealed there was a possible hit on the dependent adult abuse registry. The Program faxed a completed "Request for Dependent Adult Abuse Registry Information" form to the Iowa Department of Human Services on 10-22-10. The bottom portion of the form, completed by registry personnel, contained a handwritten signature in the "request approved by" space, although the check box was not checked. There was a date stamp of 10-27-11. The bottom portion of the form also contained the statement "The applicant does not meet the criteria for Employment/licensing under the Iowa Statute. Record check evaluation should be Submitted form 2310." The Program provided no further documentation as to the completion of the background check. The background check related to dependent adult abuse was not completed.

Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))