IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 25, 2012

Ms. Sarah Hand, Manager
Colonial Estates
815 Colonial Lane
Columbus Junction, IA 52738

RE: Final Recertification Monitoring Evaluation Report – Colonial Estates, Columbus Junction, IA

Dear Ms. Hand:

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 **S0311** with effective dates of **July 28, 2012** through **July 27, 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:

Sarah Hand, Manager
Colonial Estates
815 Colonial Lane
Columbus Junction, IA 52738

Date of Monitoring Visit:

April 18, 2012

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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:	5
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	9

Tenant/Family Satisfaction Results – A community meeting was held with eight tenants. They said it was nice living at the Program. Housekeeping services were completed to their satisfaction and the apartments were cleaned one time per week. The building and grounds were safe, clean and sanitary. Maintenance issues were repaired promptly. Nursing services were available and staff responded quickly when tenants requested assistance. The tenants received the services expected when they signed the occupancy agreement. They described the care received as good and fine. Staff knew what services to provide and was trained to provide those services. The tenants liked the choices at meals and said they received too much food. There was a variety of meats, vegetables and desserts offered. Staff served them appropriately and the temperature of the food was appropriate. They did not have any complaints or suggestions regarding the food. There were enough activities offered and they received an activity calendar. They enjoyed playing card games including Up and Down the River, Skip Bo and Quiddler. There were no suggestions for additional activities. The tenants felt safe and generally made their own decisions. They were satisfied and would recommend the Program to others. They enjoyed the meals and the people. The apartments were described as being comfortable, big and roomy. The tenants did not provide any complaints or suggestions for improvement.

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, a 90 year old, was admitted on 8-29-10 and diagnoses include: Hypertension, Hyperlipidemia, Peripheral Vascular Disease, History of Cerebral Vascular Accident, Paroxysmal Atrial Fibrillation and History of Carotid Stent. The service plan indicated Tenant #1 was independent with medications. Service Plan Flow Sheets from January 2012 through March 2012 indicated staff monitored Tenant #1 for compliance with taking medications and offered reminders at 8:00 a.m., 12:00 p.m. and 5:30 p.m.

Staff initialed the completion of the routine medication reminders on the Service Plan Flow Sheets. Notes dated 2-16-12 indicated the Nurse spoke with Tenant #1 regarding the two times Tenant #1 did not take the medication as it was set up. Staff was instructed to ensure Tenant #1 had taken the medications and to remind Tenant #1 if they had not taken the medications. Notes dated 3-8-12 indicated Tenant #1 did not take scheduled noon medications on 3-7-12. The service plan did not reflect the monitoring of compliance with medications and routine medication reminders. The service plan did not reflect the identified needs of Tenant #1.

Tenant #2, an 88 year old, was admitted on 2-1-12 and had a diagnosis of Anxiety. The service plan indicated Tenant #2 was independent with medications. According to Nurse's Notes a new order was received for Prednisone eye drops four times daily to the right eye for five days. The note was dated 4-12-12. A treatment record indicated the eye drops were administered for five days, which started on 4-12-12 and ended on 4-17-12. The service plan did not reflect staff administration of eye drops. The service plan did not reflect the identified needs of Tenant #2.

Tenant #3, an 81 year old, was admitted on 1-7-11 and diagnoses include: Hyperlipidemia, Hypothyroidism, Dementia, Dizziness and Giddiness. Tenant #3 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. According to Telephone Orders dated 4-4-12, an order was received for Cipro 300 mg orally, twice a day for seven days. The service plan did not reflect the administration of an antibiotic. The service plan did not reflect the identified needs of Tenant #3.

Tenant #4, a 71 year old, was admitted on 10-8-11 and diagnoses include: Dementia and Diabetes. Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. According to Telephone Orders dated 4-6-12, an order was received for Cipro 250 mg orally, twice a day for five days. The service plan did not reflect the administration of an antibiotic. The service plan did not reflect the identified needs of Tenant #4.

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))

B. Nurse Review

Monitoring Observation: Four tenant files were reviewed.

Tenant #2's file was reviewed. According to Nurse's Notes a new order was received for Prednisone eye drops four times daily to the right eye for five days. The note was dated 4-12-12. A treatment record indicated the eye drops were administered for five days, which started on 4-12-12 and ended on 4-17-12. A nurse review was completed with the initiation of the eye drops; however, a nurse review was not completed when the eye drops were completed. A nurse review was not completed as needed.

Tenant #3's file was reviewed. According to Telephone Orders dated 4-4-12, an order was received for Cipro 300 mg orally, twice a day for seven days. A nurse review was not completed at the time the order was received or when the antibiotic was completed. Nurse reviews were not completed as needed.

Tenant #4's file was reviewed. According to Telephone Orders dated 4-6-12, an order was received for Cipro 250 mg orally, twice a day, for five days. A nurse review was not completed at the time the order was received or when the antibiotic was completed. Nurse reviews were not completed as needed.

Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status.
(IAC r. 481-69.27(3))

C. Food Service

Monitoring Observation: Four staff files were reviewed.

Staff #1's most recent food sanitation training was completed on 8-31-10. Staff #1 did not have an annual in-service training on food protection. The Manager's most recent food sanitation training was completed 7-10-10. The Manager did not have an annual in-service training on food protection. According to review Staff #1 and the Manager did not have an annual in-service training on food protection.

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. (IAC r. 481-69.28(5))