IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 10, 2012

Ms. Rachel Benda, Executive Director
The Kensington
2210 Avenue H
Fort Madison, IA 52627

RE: Final Recertification Monitoring Evaluation Report – The Kensington, Fort Madison, IA

Dear Ms. Benda:

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 **S0092** with effective dates of **August 15, 2012** through **August 14, 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:

Rachel Benda, Executive Director
The Kensington
2210 Avenue H
Fort Madison, IA 52627

Date of Monitoring Visit:

June 13, 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:	51
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	53

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	26
Total Population of Program at time of on-site	26

TOTAL census of Assisted Living Program	79

Tenant/Family Satisfaction Results – A community meeting was held with 17 tenants. They liked living at the Program, were appreciative to have a home to live in and said the people were friendly. Housekeeping services were completed to their satisfaction and the apartments were cleaned once per week. The building and grounds were safe, clean and sanitary. The tenants said the dining room could be cold at times and acknowledged the boilers were old and hard to control. Nursing services were available and staff responded within a few minutes when tenants requested assistance. The tenants received the services they expected when the occupancy agreement was signed. The tenants said staff treated them very well and the staff was good to them. The tenants were treated with respect. The majority of the tenants liked the food and said staff served them appropriately. The cold foods were served cold and most of the time the hot foods were served hot. The tenants said at times the dining room was cold which cooled off the food. The tenants requested an increased variety of foods and one tenant requested less cheese. They enjoyed the fresh fruits and one tenant requested less frozen meats. One tenant mentioned that a chicken pot pie was served different ways to try and accommodate tenant preferences. They said the music was too loud at meal times and one tenant commented in assisted living programs in general about not being able to communicate with each other due to hearing deficits. There were enough activities and they received an activity calendar. Shorter trips were requested and they wanted to provide input into the activity planning. One tenant commented the activity staff welcomed suggestions and tenants could select activities to attend. The tenants felt safe and made their own decisions. They were generally satisfied with the Program and would recommend 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. Record Checks

Monitoring Observation: Six staff files were reviewed and four staff files were reviewed regarding background checks.

Staff #1 was hired on 1-26-11. Criminal history, child and dependent adult abuse checks were completed on 1-17-11 and indicated further research was required on the criminal history background check. An Iowa Record Check Request form dated 1-20-11 indicated a record was found. An evaluation by the Department of Human Services (DHS) was not completed. An employee with a criminal history was employed without an evaluation from DHS to determine if the record warranted the employment prohibition.

The Executive Director (ED) provided a written statement regarding the background check for Staff #1. She indicated it was the first hit, for the ED and the current administrative assistant, Staff #2. It was their understanding that they could look at the record and make the determination if they wanted to hire the prospective employee. Since then they attended further training and were taught there was another form that needed to be filled out for final approval. She indicated they now understood the proper procedure for criminal background checks.

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 preemployment background check shall be maintained the 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)).