IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 15, 2012

Mr. Steven Mohr, Administrator
Wel-Life of Alta
705 W. 7th Street
Alta, IA 51002

RE: Final Recertification Monitoring Evaluation Report – Wel-Life of Alta, Alta, IA

Dear Mr. Mohr:

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 **S0096** with effective dates of **September 13, 2012** through **September 12, 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:

Steven Mohr, Administrator
Wel-Life at Alta Assisted Living
705 W. 7th Street
Alta, IA 51002

Date of Monitoring Visit:

June 21, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH
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.

General Population Program	
Number of tenants without cognitive disorder:	29
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	33
TOTAL census of Assisted Living Program	33

Tenant/Family Satisfaction Results – A community meeting was held with 26 tenants in attendance. Tenants reported they liked living at the Program, though it wasn't home. Housekeeping services were performed to tenants' satisfaction and the building and grounds were clean, safe and sanitary. Nursing services were available and staff responded within 10 minutes of being called. Staff treated tenants with respect, were courteous, and were trained to provide the services each needed. The food was good, with a variety of meats, fruits and vegetables offered. There were enough activities offered and tenants could choose what activity they wanted to attend. Tenants felt safe living at the Program, made their own decisions related to personal and health related cares and would recommend the Program to anyone.

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. Food Service

Monitoring Observation: Interviews were conducted with Staff #1 and Staff #2, both Personal Service Attendants (PSA). Both stated they served food. An observation was made during the mid-day meal. Both Staff #1 and #2 were observed serving food. Training files were reviewed for the following staff: Staff #2, PSA hired 2-10-12; Staff #3, PSA hired 1-3-12; Staff #4, PSA hired 8-17-11; and Staff #6, kitchen staff, hired 4-5-12. Staff training files lacked documentation of an inservice on sanitation and safe food handling.

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))

B. Other

Monitoring Observation: Six staff training files were reviewed. Files for Staff #4 hired 8-17-11 and Staff #5 hired 9-6-11 lacked documentation of training on dependent adult abuse.

- Regulatory Insufficiency: A person required to report cases of dependent adult abuse pursuant to section 235B.3, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years. (235B.16 (5)(b))