IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 28, 2012

Ms. Patricia Heiden, Executive Director
Oaknoll Assisted Living
1 Oaknoll Court
Iowa City, IA 52246

RE: Final Recertification Monitoring Evaluation Report – Oaknoll Assisted Living, Iowa City, IA

Dear Ms. Heiden:

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 **S0093** with effective dates of **September 12, 2012** through **September 11, 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:

Patricia Heiden, Executive Director
Oaknoll Assisted Living
1 Oaknoll Court
Iowa City, IA 52246

Date of Monitoring Visit:

June 27, 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.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	24
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	30
TOTAL census of Assisted Living Program	30

Tenant/Family Satisfaction Results – A community meeting with nine tenants was held. The tenants said the Continuing Care Retirement Community (CCRC) gave them lots of confidence. If a higher level of care was needed on a short term basis they could go to the health center and then could return to their apartment. Housekeeping services were generally provided to their satisfaction; however, dusting needed improvement. The majority of tenants did not express any concerns with maintenance and said issues were addressed immediately. One tenant said it was not uncommon to have maintenance issues unresolved after multiple requests. Nursing services were available and staff responded instantly when tenants called for assistance. The tenants received the services expected when they signed the occupancy agreement. One tenant said staff would do anything the tenants asked or requested. The tenants said the staff was a wonderful group of people and described them as efficient and outstanding. The food was described as pretty good and they received as much food as they requested. There was a variety of meats, vegetables and desserts offered. The hot foods were served hot the majority of the time. The tray meals were not always hot. At times it took too long to wait after the order was taken and the tenants preferred the atmosphere and food in the Oak Dining Room. Pureed diets were accommodated; however, on the weekends the pureed food was not always pureed enough. More staff in the Hope Dining Room on the weekends was requested. The tenants said there were enough activities, they were busy and an activity calendar was provided. The tenants felt safe and made their own decisions. They said there was feeling of isolation on first floor as there was no traffic and it was quiet. They were satisfied with the Program and would recommend it to others. They said the Program was very nice and there was a waiting list.

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: The Program was dementia specific at the time of the last recertification monitoring visit on 12-13-10. The Program was dementia specific at the time of the current recertification monitoring visit on 6-27-12. According to the

Monitoring Entrance Form, the Program was part of a CCRC and was dementia specific by definition.

The Program consisted of assisted living apartments on first and second floors. The first and second floors were certified together. According to a Program document, six tenants had a Global Deterioration Scale (GDS) of four or greater and all six tenants resided on the second floor. There were no tenants on first floor that were identified as having a GDS of four or greater.

The monitors toured the first and second floors and made the following observations. The second floor had a wandering monitoring system attached to the exit doors. The first floor did not have a wandering monitoring system or alarm system attached to the exit doors.

The RN Coordinator said with the wandering monitoring system the tenants wore a Global Positioning System (GPS) watch and it was linked to the computer system in the health center and would send a page. Two tenants wore a GPS watch at the time of the recertification monitoring visit. She said first floor did not have a monitoring system.

Staff #1, the Assistant Director of Buildings and Grounds was interviewed. He said all doors, with the exception of first floor, had a wireless, noiseless operating alarm system. He said first floor was not monitored.

The Program was a dementia specific Program during two sequential certification monitorings. The second floor of the Program had a wandering monitoring system attached to the exit doors. Two of the tenants wore a GPS watch, which would trigger the system if they neared or opened the doors. The first floor of the Program was not monitored or alarmed. The first and second floors were certified as one Program; however, only the second floor of the dementia specific Program had a wandering monitoring system. The entire dementia specific Program did not have an operating alarm system, which was required.

Regulatory Insufficiency: If a program meets the definition of a dementia-specific 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 for door alarms. (IAC r. 481-69.2(2))