IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 29, 2012

Ms. Cindi Martin, Manager
Timberland Village
725 Timberland Drive
Story City, IA 50248

RE: Final Recertification Monitoring Evaluation Report – Timberland Village, Story City, IA

Dear Ms. Martin:

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 **S0162** with effective dates of **October 29, 2012 through October 28, 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:

Cindi Martin, Manager
Timberland Village
725 Timberland Dr.
Story City, Iowa 50248

Date of Monitoring Visit:

October 17, 2012

Monitor(s):

Maribeth Freland RN

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:	24
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	24
TOTAL census of Assisted Living Program	24

Tenant/Family Satisfaction Results – A community meeting was held with five tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend it to others.

Program History – The program had no regulatory insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, an 89 year old, was admitted to the program on 4-1-12 with the diagnoses of: Coronary Artery Disease; Chronic Leg and Back Pain; Hypertension (HTN); Depression; Osteoarthritis; Cerebral Vascular Disease (CVD) and Mild Dementia. Tenant #1 answered 10 of 11 questions correctly when completed the Mental Status Questionnaire on 3-20-12, indicating none to mild cognitive impairment. Upon admission, Tenant #1 was independent with ambulation, dressing, grooming and toileting. Staff members assisted Tenant #1 with bathing. The program registered nurse (RN) set up Tenant #1's medications in a weekly planner but Tenant #1 remained independent with taking his/her medications each day.

Tenant #1's clinical record included documentation of a health and functional evaluation, completed by the program RN on 4-17-12, but lacked a cognitive evaluation as required by regulation within 30 days of admission.

Tenant #1's clinical record included a nurse review, dated 7-20-12, which documented Tenant #1 began experiencing multiple falls on 7-18 and 19-12. The program RN had set up Tenant #1's medication planner with all physician-ordered medications for an entire week on 7-17-12. Upon review of the medication planner on 7-20-12, the RN noted all medications were missing from the medication planner. The medications had been set up to allow Tenant #1 access to his/her physician-ordered medications through 7-23-12. The RN reported the falls with missing medications to Tenant #1's physician on 7-20-12 by

facsimile, noting a plan to begin staff member administration of all medications ordered for Tenant #1 on a daily basis. The RN updated Tenant #1's service plan on 7-20-12, adding staff member administration at physician-ordered scheduled times.

Medication Administration Records documented staff member administration of Tenant #1's medications as ordered by the physician at 8:00 a.m., 2:00 p.m. and 8:00 p.m. daily beginning on 7-20-12 and continued through 10-17-12.

Tenant #1's clinical record did not include documentation of the RN's evaluation of Tenant #1's health, functional or cognitive status following Tenant #1's change in functional status related to medication administration abilities.

Tenant #2, a 98 year old, was admitted to the program on 8-3-09 with the diagnoses of: CVD; HTN; Depression and Atrial Fibrillation. Tenant #2 scored a 3 on the Global Deterioration Scale (GDS), completed on 7-15-11, indicating mild cognitive decline. Tenant #2's service plan, dated 4-9-12, indicated staff members assisted Tenant #2 twice weekly with bathing assistance, daily with dressing assistance primarily assistance with buttons and zippers and daily with medication administration.

Tenant #2's clinical record contained documentation of a functional evaluation, completed by the program RN on 4-9-12, but lacked documentation of any further health or cognitive evaluation after 7-15-11.

Tenant #2's clinical record included documentation of nurse reviews completed by the program RN on 4-9-12, 7-1-12 and 9-20-12. All three nurse reviews indicated Tenant #2 had no changes to his/her health, functional or cognitive status. Tenant #2's Treatment Records showed Tenant #2 refused shower assistance six times in April 2012; four times in May 2012; two times in June 2012; two times in July 2012; six times in August 2012 and four times in September 2012. The program RN did not evaluate Tenant #2's health, functional or cognitive status despite Tenant #2's continued refusal of shower assistance or evaluate the need for interventions that may have increased Tenant #2's acceptance of shower assistance.

During interview, the program RN reported she began working at the program in March of 2012. The RN indicated she had no past work history in an assisted living so felt her knowledge of assisted living regulation was not yet complete, resulting in her not completing evaluations when required.

The program RN did not complete an evaluation of Tenant #1's cognitive status within 30 days of admission to the program as required by regulation. The RN did not complete an evaluation of Tenant #2's health or cognitive status at least annually as required by regulation. The program RN did not complete an evaluation of Tenant #1's or Tenant #2's health, functional or cognitive status with significant changes in each tenants' condition or abilities as required by regulation.

Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care

professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation with the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Food Service

Monitoring Observation:

Staff #1, cook/dietary aide, had a hire date of 7-15-10 and currently prepared and served food items to program tenants. Staff #1's personnel file contained the initial food service orientation upon hire in July 2010 but lacked documentation of annual in-service training related to safe food handling and food sanitation.

Staff #2, personal companion, had a hire date of 6-1-11 and currently served food items to program tenants. Staff #2's personnel file contained the initial food service orientation upon hire in June 2011 but lacked documentation of annual in-service training related to safe food handling and food sanitation.

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 an annual in-service training on food protection. (IAC r. 481-69.28 (5))