IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

November 30, 2012

Ms. Kathleen Biittner, Administrator
Wel-Life Assisted Living at Spirit Lake
1819 23rd Street
Spirit Lake, IA 51360

RE: Final Recertification Monitoring Evaluation Report – Wel-Life Assisted Living at Spirit Lake, Spirit Lake, IA

Dear Ms. Biittner:

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 **S0025** with effective dates of **December 1, 2012** through **January 24, 2015**.

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:

Kathleen Biittner, Administrator
Wel Life at Spirit Lake Assisted Living
1819 23rd Street
Spirit Lake, IA 51360

Date of Monitoring Visit:

November 15, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH

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:	33
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	37
TOTAL census of Assisted Living Program	37

Tenant/Family Satisfaction Results – A community meeting was held with 33 tenants. Tenants reported they like living at the Program and considered the Program their home. Housekeeping services were performed to their satisfaction and the building and grounds were clean, safe and sanitary. Nursing services were completed quickly and competently and staff responded within five minutes of being called. The Program nurse was available when needed and the Administrator was responsive, kind and considerate of each tenant's needs. The meals were good and a variety of meats, fruits, vegetables and desserts were offered. Tenants felt safe, made their own decisions and would recommend the Program to anyone.

Program History – There were no regulatory insufficiencies during this recertification period.

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

A. Evaluation of Tenant

Monitoring Observation: Four tenant files were reviewed. Tenant #3, an 89 year old, was admitted on 11-13-09 and had diagnoses of: Dementia, Atrial Fibrillation, Status Post Cerebro Vascular Accident, Status Post Fracture of the left Humerus and Status Post Surgical Bowel Obstruction. Cognitive evaluations (Mental Status Questionnaire) were completed on 5-8-12 and 8-7-12, and Tenant #3 scored 2 out of 11 on each evaluation, which indicated severe cognitive impairment. The Program did not use the Global Deterioration Scale (GDS) when Tenant #3 failed the initial cognitive evaluation on 5-8-12.

Tenant #4, a 97 year old, was admitted on 8-5-11 and had diagnoses of: Dementia and Hypothyroidism. Cognitive evaluations (Mental Status Questionnaire) were completed on 8-13-12 and 11-12-12, and Tenant #4 scored 4 out of 11 on each evaluation, which indicated severe cognitive impairment. The Program did not use the GDS when Tenant #4 failed the initial cognitive evaluation on 8-13-12.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation will utilize scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitive impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

B. Nurse Review

Monitoring Observation: The record review revealed Tenant's #1, #2, #3 and #4 received personal cares and health related cares, including Program administered medications. The Program completed functional, cognitive and health evaluations every three months as part of their 90-day nurse review, but did not consistently monitor program administered medications for adverse reactions.

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; (1) to monitor, at least every 90-days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medications orders are current and that the prescription medications are administered consistent with such orders. (IAC r. 481-69.27(1))