IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

November 27, 2012

Ms. Jennifer Long-West, AL Director, RN
Park Centre Assisted Living
500 1st Street North
Newton, IA 50208

RE: Final Recertification Monitoring Evaluation Report – Park Centre Assisted Living, Newton, IA

Dear Ms. West:

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 **S0201** with effective dates of **November 22, 2012** through **November 21, 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:

Jennifer Long-West, RN, Assisted Living Director
Park Centre Assisted Living
500 1st Street North
Newton, IA 50208

Date of Monitoring Visit:

October 30, 2012

Monitor(s):

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:	13
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	15
TOTAL census of Assisted Living Program	15

Tenant/Family Satisfaction Results – A community meeting was held with nine tenants. The tenants said they liked living at the Program because the people were friendly, they got their medications on time and the meals were good. One tenant said it was a nice place to live especially in the winter when the underground tunnel could be used to get to the hospital. The tenants said housekeeping services were completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. It was suggested that the common areas needed updated furniture as the seats were too low and the springs had popped out of the cushions. The tenants said when they called for assistance staff responded quickly, within five minutes or less. Nursing services were available but the tenants didn't know when the nurse worked because her hours varied from day to day. The tenants said they used to receive the services they expected but not anymore. They were told there would be one staff member on each floor of the Program but staff was pulled to work in the health center and they were sometimes short staffed. The tenants described the care as good; staff treated them excellently and knew what services to provide. The tenants liked the food but did not like being told that sometimes they would have to eat in the downstairs dining room. This occurred approximately three times a week. Staff served the food appropriately and foods were served at the appropriate temperature. Some food items, such as broccoli, brussel sprouts, asparagus and rice were not cooked enough and were cold and hard. Sometimes the beef was too tough to chew. The tenants said they sometimes received too much food and a lot was wasted. They received two heavy meals per day and they would like a lighter meal in the evening. Plenty of activities were offered and they enjoyed playing Bingo. The tenants said they felt safe, made their own decisions, were generally satisfied with the Program and would recommend it to others. The tenants said the Administrator was not visible and they would like to see him more often. They used to have coffee chats with the Administrator and missed those get-togethers.

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. Staffing

Monitoring Observation: Four staff files were reviewed. The RN, AL Director was hired on 6-6-12 and according to the ALP Monitoring Entrance Form was also listed as the delegating nurse. Staff #1 was a Certified Medication Aide and provided medication administration and activities of daily living (ADLs). Staff #2 was a Certified Nurse's Aide and provided ADLs. The RN, AL Director said she had not completed delegation tasks for medication administration or ADLs for Staff #1 or delegation tasks for ADLs for Staff #2.

Staff #1 and Staff #2 did not have appropriate nurse delegated training.

Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r.481-67.9(1))

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