IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

December 6, 2012

Mr. Ethan Walton, Administrator
Oak Estates
110 Alice Street
Conrad, IA 50621

RE: Final Recertification Monitoring Evaluation Report – Oak Estates, Conrad, IA

Dear Mr. Walton:

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 **S0105** with effective dates of **January 17, 2013** through **January 16, 2015**.

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:

Ethan Walton, Administrator
Oak Estates
110 Alice St.
Conrad, Iowa 50621

Date of Monitoring Visit:

November 15, 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:	18
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	19
TOTAL census of Assisted Living Program	19

Tenant/Family Satisfaction Results – A community meeting was held with 14 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 81 year old, was admitted to the program on 12-31-11 with diagnoses of: Chronic Obstructive Pulmonary Disease (COPD); Hypertension (HTN); Renal Insufficiency; Degenerative Joint Disease; and Benign Prostatic Hypertrophy requiring use of an indwelling urinary catheter. Tenant #1 answered all questions correctly during the Mental Status Questionnaire (MSQ) on 12-31-11, indicating no cognitive impairment.

Tenant #1's clinical record contained documentation of an evaluation of Tenant #1's functional, cognitive and health status upon admission to the program on 12-31-11. The clinical record lacked documentation of an evaluation of Tenant #1's functional, cognitive and health status within 30 days after admission as required by regulation.

The service plan, dated 3-21-12, indicated Tenant #1 was independent with ambulation when using a walker and was independent with dressing. On 11-11-12, Tenant #1 fell in his/her apartment. Tenant #1 fractured his/her knee cap. Upon Tenant #1's return to the program, Tenant #1 required staff member assistance to apply a leg immobilizer on the leg with the fracture. Tenant #1 could no longer ambulate throughout the building, requiring use of a wheelchair. Tenant #1 could not self-propel the wheelchair. Tenant #1 required staff member assistance to push the wheelchair for Tenant #1. The clinical record included documentation of an evaluation of Tenant #1's functional and health

status on 11-14-12 following the Registered Nurse Supervisor's determination that a significant change had occurred in Tenant #1's functional and health status. The Registered Nurse Supervisor failed to complete an evaluation of Tenant #1's cognitive status as required by regulation with determination of a significant change.

Tenant #2, an 88 year old, was admitted to the program on 2-12-11 with diagnoses of: Diabetes; Arthritis; and Back/Knee Pain. Tenant #2 answered 10 of 11 questions correctly during the MSQ on 2-12-11, indicating little to no cognitive impairment.

Tenant #2's clinical record contained documentation of an evaluation of Tenant #2's functional, cognitive and health status prior admission to the program on 2-11-11. The clinical record lacked documentation of an evaluation of Tenant #2's functional, cognitive and health status within 30 days after admission as required by regulation.

Tenant #2's clinical record contained documentation of an annual evaluation of Tenant #2's functional and health status, dated 3-20-12. The clinical record lacked documentation of an evaluation of Tenant #2's cognitive status as required by regulation.

Tenant #3, an 81 year old, was admitted to the program on 12-18-10 with diagnoses of: Dementia and Hyperlipidemia. Tenant #3 scored a 5.2 on the Global Deterioration Scale (GDS) completed on 8-28-12, indicating moderately severe cognitive decline.

Tenant #3's clinical record contained documentation of an annual evaluation of Tenant #3's functional and health status on 2-18-11. The clinical record lacked documentation of an evaluation of Tenant #3's cognitive status as required by regulation.

Tenant #3's clinical record contained documentation of an annual evaluation of Tenant #3's functional and health status on 3-20-12. The clinical record lacked documentation of an evaluation of Tenant #3's cognitive status as required by regulation. The clinical records of Tenants #1 and #2 lacked documentation of the required evaluation of functional, cognitive and health status within 30 days of admission to the program. The Registered Nurse Supervisor did not complete cognitive evaluations annually and with identification of significant changes in condition as required by regulation.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the needed services are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the evaluation indicated moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively 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))

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. Nurse Review

Monitoring Observation:

Tenant #2 required staff member assistance with bathing twice weekly, medication set up by family members with staff member administration daily, staff member assistance with wrapping his/her legs with ace bandages and staff member assistance with application of compression garments. Tenant #2's clinical record included an initial evaluation of functional, cognitive and health status on 2-11-11, an annual evaluation of functional and health status on 3-20-12 and an evaluation of functional and health status due to a significant change in condition on 10-29-12. Tenant #2's clinical record lacked any nurse reviews between 2-11-11 and 3-20-12 or between 3-20-12 and 10-29-12.

Tenant #3 required staff member assistance with bathing twice weekly and staff member assistance with medication administration. Tenant #3's clinical record included annual evaluations of functional and health status on 2-18-12 and 3-20-12 and an evaluation of functional and health status due to a significant change in condition on 10-22-12. Tenant #3's clinical record lacked any nurse reviews between 2-18-11 and 3-20-12 or between 3-20-12 and 10-22-12.

Tenant #2 and Tenant #3 both required personal or health related care. Regulation required the registered nurse to complete nurse reviews of Tenants #2 and #3's health status and medications at least every 90 days. Neither Tenant #2's or Tenant #3's clinical record contained the required quarterly nurse reviews.

Regulatory Insufficiency: 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 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 medication orders are current and that the prescription medications are administered consistent with such orders. (IAC r. 481-69.27(1))