IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

January 3, 2013

Mr. Nick Jedlicka, Director
Lakeview Lodge
312 Southbrooke Drive
Waterloo, IA 50702

**RE: Final Recertification Monitoring Evaluation Report – Lakeview Lodge, Waterloo, IA**

Dear Mr. Jedlicka:

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 **S0107** with effective dates of **January 23, 2013** through **January 22, 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:**

Nick Jedlicka, Director
Lakeview Lodge
312 Southbrooke Drive
Waterloo, IA 50702

**Date of Monitoring Visit:**

December 6 & 10, 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 Dedication** | |
|---|---|
| Number of tenants without cognitive disorder: | 7 |
| Number of tenants with cognitive disorder: | 38 |
| Total Population of Program at time of on-site | 45 |
| **TOTAL census of Assisted Living Program** | 45 |

**Tenant/Family Satisfaction Results** – A community meeting with eight tenants and one family member interview was held. The tenants said they liked living at the Program because of the marvelous care that was provided. They said they received great housekeeping services and staff did a great job keeping the building and grounds safe, clean and sanitary. One tenant said staff needed to learn how to make a bed. Nursing services were available and when staff was called they came in a short time and tenants did not have to wait very long. If they pushed their pendant, staff came quickly. Tenants said they received the services they expected when they signed the occupancy agreement. Staff treated the tenants wonderfully, knew what services to provide and was trained appropriately. Tenants said the food was good but not always hot. There was a good variety of meats, vegetables and desserts and too many mixed vegetables were served. Staff served the tenants appropriately. The tenants liked the baked squash but said there were no seasonings, thus the food tasted flat. The tenants received an activity calendar and voiced no improvements for activities. They said plenty of activities were offered, Bingo was played twice a week and they enjoyed the outings on the bus. The Activity Director was described as being spectacular. One tenant asked if it was possible to use the ice cream parlor when grandchildren came to visit. One tenant asked for instructions on how to use the ice cream dispenser. Tenants said they felt safe, made their own decisions, were absolutely satisfied with the Program and had highly recommended the Program to others. No suggestions for improvement were offered.

**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. Medications**

Monitoring Observation: Observation of an11:00 a.m. medication pass revealed Staff #1 documented administration of a medication prior to offering the medication to a tenant. Observation of an 11:40 a.m. medication pass revealed Staff #2 documented administration of a medication prior to offering the medications to two tenants.

According to the Medication/Treatment Administration and Documentation policy, the Resident Assistant would initial the appropriate space on the Medication Administration Record for each medication in the box that corresponded to the proper time and date after the Resident Assistant had witnessed the tenant take the medication.

The Director of Nursing stated medications were to be documented after the administration of the medications.

Observation of two medication passes was conducted with two different staff members and three tenants. Medications were not documented per the Program's policy.

Regulatory Insufficiency: When medications are administered traditionally by the program: The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6)(a))

**B. Food Service**

Monitoring Observation: Six staff files (Staff #1, #2, #3, #4, #5 and #6) were reviewed. The most recent food safety training was completed on 3-15-11. Staff #1, Staff #2 and Staff #4 had a food safety in-service completed on 3-15-11. Staff #1, Staff #2 and Staff #4 did not have an annual in-service training on food protection. Staff #3, Staff #5 and Staff #6 was hired in 2012 and did not have an orientation on sanitation and safe food handling prior to handling food. An orientation on sanitation and safe food handling prior to handling food and an annual in-service on food protection were not completed.

Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (IAC r. 481-69.28(5))

**C. Staffing**

Monitoring Observation: Six staff files (Staff #1, #2, #3, #4, #5 and #6) were reviewed. Staff #1 was a Medical Assistant and an expired certified nursing aide (CNA), Staff #2 was a CNA, Staff #3 was a universal worker, Staff #4 was a CNA, Staff #5 was a universal worker and Staff #6 was a universal worker. Staff #1, #2, #3, #4, #5 and #6 did not have nurse delegations on all activities of daily living.

Regulatory Insufficiency: Any nursing services shall be provided in accordance with Iowa Code chapter 152 and 655-Chapter 6. (IAC r. 481-67.9(5))

**D. Dementia-Specific Education for Program Personnel**

Monitoring Observation: Six staff files (Staff #1, #2, #3, #4, #5 and #6) were reviewed. Review of staff files indicated Staff #1 and Staff #2 did not have eight hours of annual dementia training completed until 12-8-12. The first day of the recertification visit was 12-6-12. Staff #1 and Staff #2 completed the required hours of the dementia training on

12-8-12. Review of staff files indicated staff did not have eight hours of dementia training annually.

Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. (IAC r. 481-69.30(3))