IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

March 18, 2013

Ms. Sarah Martin, Manager
Sunnybrook of Mt. Pleasant
1406 East Linden Drive
Mount Pleasant, IA 52641

RE: Amended Final Recertification Monitoring Evaluation Report – Sunnybrook of Mt. Pleasant, Mt. Pleasant, IA

Dear Ms. Martin:

Enclosed is the **Amended 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. Your Request for Reconsideration in the area of Service Plans has been accepted. The Amended 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 **S0208** with effective dates of **February 17, 2013** through **February 16, 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
Amended Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Sarah Martin, Manager
SunnyBrook of Mt. Pleasant
1406 East Linden Drive
Mount Pleasant, IA 52641

Date of Monitoring Visit:

February 6, 2013

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.

General Population Program	
Number of tenants without cognitive disorder:	30
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	32
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	9
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	41

Tenant/Family Satisfaction Results – A community meeting with five tenants and private interviews with two tenants was held. The tenants said the best thing about living at the Program was the companionship with others, having shelter, food, independence and being able to talk with others. Housekeeping services were described as excellent and sometimes cleaning staff seemed too rushed. The buildings and grounds were safe, clean and sanitary. The tenants used pendants to call for assistance and said staff responded within a few seconds to one minute when called. Nursing services were available. Staff was described as the best, good and excellent. Staff knew what services to provide and was trained appropriately. The tenants liked the food but were tired of mixed vegetables. A variety of meats, vegetables and desserts were served. Foods were served at the proper temperature and staff served the tenants appropriately. The tenants appreciated pasta not being served as much lately. The tenants said plenty of activities were offered. They enjoyed playing Bingo, a trip to watch bald eagles, other trips and entertainment groups. The tenants discussed loud sounds in the operation of the heating and cooling units and wanted something done to fix the noise. Sometimes the units were so loud when they were in operation that tenants were not able to talk on the phone or enjoy conversations with others. The tenants said they felt safe, made their own decisions, were generally satisfied with the Program and had recommended it to others.

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. Dementia-Specific Education for Program Personnel

Monitoring Observation: Six staff files (Staff #1, #2, #3, #4, #5 and #6) were reviewed.

Staff #3, a UW, was hired on 8-22-12. Staff #3 completed six hours of dementia training on 9-24-12 and completed two hours of dementia training on 10-11-12. Staff #4, a UW, was hired on 8-24-12. Staff #4 completed six hours of dementia training on 9-24-12 and completed two hours of dementia training on 10-11-2. Staff #6, a UW, was hired on 3-12-12. Staff #6 completed two hours of dementia training on 3-12-12; four hours on 4-10-12; and two hours on 4-16-12. Staff #3, #4 and #6 did not complete eight hours of dementia training within 30 days of hire.

Staff #3, #4 and #6 did not receive a minimum of eight hours of dementia specific training within 30 days of employment.

Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))

B. Record Checks

Monitoring Observation: Six staff files (Staff #1, #2, #3, #4, #5 and #6) were reviewed.

Staff #5, a UW, was hired on 7-11-12. Criminal history, child and dependent adult abuse checks were completed on 6-29-12 and indicated further research was required on the criminal history background check. An Iowa Record Check Request form dated 7-9-12 indicated a record was found. An evaluation by the Department of Human Services (DHS) was not completed. An employee with a criminal history was employed without an evaluation from DHS to determine if the record warranted the employment prohibition.

Staff #5 was hired without an evaluation from DHS to determine if the record warranted the employment prohibition. At the time of the exit, no clearance from DHS was provided to the monitors.

Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained the in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))