IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

April 17, 2013

Ms. Tonia Olsen, Manager
Cedar Vale Assisted Living
100 Poppe Lane
Nashua, IA 50658

RE: Final Recertification Monitoring Evaluation Report – Cedar Vale Assisted Living, Nashua, IA

Dear Ms. Olsen:

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 **S0211** with effective dates of **May 25, 2013** through **May 24, 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:

Tonia Olsen, Manager
Cedar Vale AL
100 Poppe Lane
Nashua, Iowa 50658

Date of Monitoring Visit:

April 1, 2013

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.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	13
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	18
TOTAL census of Assisted Living Program	18

Tenant/Family Satisfaction Results – A community meeting was held with 16 tenants and one family member 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.

Dementia-Specific Education for Program Personnel

Monitoring Observation: Tenants #2, #3, #4 and #7 were admitted to the program prior to 2013, currently resided at the program and had Global Deterioration Scale (GDS) scores of 4 or greater. On 1-10-13, the program admitted Tenant #6, who scored a 4 on the GDS. After Tenant #6's admission, the program had five tenants who scored 4 or greater on the GDS making the program dementia-specific by definition. As of 1-10-13, the program was required by regulation to have all employees receive a minimum of eight hours of dementia education within 30 days of becoming dementia-specific and/or within 30 days of hire for new employees.

Staff #1, a certified nurse aide (CNA), was hired by the program on 12-12-11 and currently cared for program tenants. Staff #1's file included documentation of 6.5 hours of dementia-specific education, completed on 3-27-13, 3-28-13 and 3-30-13.

Staff #2, a certified nurse aide (CNA), was hired by the program on 9-1-11 and currently cared for program tenants. Staff #2's file lacked documentation of any dementia-specific education.

Staff #3, a certified nurse aide (CNA), was hired by the program on 2-12-13 and currently cared for program tenants. Staff #3's file lacked documentation of any dementia-specific education.

Staff #4, a certified nurse aide (CNA), was hired by the program on 3-15-13 and currently cared for program tenants. Staff #4 had not been employed for 30 days at the time of the monitoring on-site visit.

Staff #5, a dietary employee, was hired by the program on 10-12-12 and currently worked in the program kitchen. Staff #5's file lacked documentation of any dementia-specific education.

Staff #6, a certified nurse aide (CNA), was hired by the program on 2-8-10 and currently worked in the program kitchen. Staff #6's file lacked documentation of any dementia-specific education.

During interview, the program manager reported she had not realized the program had five tenants with a GDS score of 4 or above until mid February 2013, making the program dementia-specific by definition. She reported notifying all employees of the need to complete eight hours of dementia-specific education via an online program. The manager verified no employees had yet completed the training as required by regulation.

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))