IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

June 18, 2013

Mr. Craig Thomes, Director
John's Harbor Memory Loss Center
3520 Grand Avenue
Des Moines, IA 50312

RE: Final Recertification Monitoring Evaluation Report – John's Harbor Memory Loss Center, Des Moines, IA

Dear Mr. Thomes:

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 **S0117** with effective dates of **June 21, 2013** through **June 20, 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:

John's Harbor Memory Loss
Craig Thomes, Director
3520 Grand Ave.
Des Moines, IA 50312

Date of Monitoring Visit:

April 29, 2013

Monitor(s):

Joyce Kix, 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 Dedication	
Number of tenants without cognitive disorder:	6
Number of tenants with cognitive disorder:	8
Total Population of Program at time of on-site	14
TOTAL census of Assisted Living Program	14

Tenant/Family Satisfaction Results – A community meeting was not held due to the cognitive functional abilities of the tenants.

Program History – There were no regulatory insufficiencies identified during the past certification period.

On-Site Monitoring Evaluation – The monitor made observations detailed in the following areas.

A. Food Service

Monitoring Observation: The personnel files for Staff #1, #2 and #3 were reviewed. The Registered Nurse (RN) reported all universal workers assisted in the dining room to serve food.

Staff #1, a universal worker, was hired 9-18-12 and according to the RN worked in the dementia unit for the first time 10-11-12. The personnel filed lacked documentation of completion of training for food safety and sanitation.

Staff #2 was hired on 5-4-12 in the dietary department and transferred to the dementia unit as a universal worker on 12-13-12. The personnel filed lacked documentation of completion of training for food safety and sanitation.

Staff #3 was hired on 6-13-12 in the dietary department and transferred to the dementia unit on 2-28-13. The RN reported Staff #3 did not work on the unit until 4-21-13. The personnel filed lacked documentation of completion of training for food safety and sanitation.

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

B. Dementia-Specific Education for Program Personnel

Monitoring Observation: The personnel files for Staff #1, #2, #3 and #4 were reviewed.

Staff #1, a universal worker, was hired 9-18-12 and according to the RN worked in the dementia unit for the first time 10-11-12. The personnel filed lacked documentation of completion of eight hours of dementia training within 30 days of hire.

Staff #2 was hired on 5-4-12 in the dietary department and transferred to the dementia unit as a universal worker on 12-13-12. The personnel filed lacked documentation of completion eight hours of dementia training within 30 days of hire.

Staff #3 was hired on 6-13-12 in the dietary department and transferred to the dementia unit on 2-28-13. The RN reported Staff #3 did not work on the unit until 4-21-13. The personnel filed lacked documentation of completion of eight hours of training for dementia within 30 days of hire.

Staff #4 was hired 4-19-12 as a housekeeper. The RN thought Staff #4 had transferred to work in the unit on approximately1-1-13. The personnel filed lacked documentation of completion of two hours of training for dementia within 30 days of hire.

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))

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))