IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

July 10, 2013

Ms. Kathy Shriver, Director
Calvin Community Assisted Living
4210 Hickman Road
Des Moines, IA 50310

RE: Final Recertification Monitoring Evaluation Report – Calvin Community Assisted Living, Des Moines, IA

Dear Ms. Shriver:

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 **S0057** with effective dates of **August 24, 2013** through **August 23, 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
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Calvin Community Assisted Living
Kathy Shriver, Director
4210 Hickman Road
Des Moines, IA 50310

Date of Monitoring Visit:

June 4 and 5, 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.

General Population Program	
Number of tenants without cognitive disorder:	50
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	54
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	14
Total Population of Program at time of on-site	16
TOTAL census of Assisted Living Program	70

Tenant/Family Satisfaction Results – A community meeting was held with 26 tenants and one family member. They reported the program staff members were friendly and respectful. The nursing services were great with quick response to calls. There were isolated concerns mentioned regarding the menu but most felt the food was generally good. The tenants enjoyed activities and felt there were plenty offered. They felt safe at the program and 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. Criteria for Admission and Retention

Monitoring Observation: Tenant #5, an 86 year old, was admitted 5-23-10 with diagnoses of: Dementia with Lewy Bodies, Glaucoma, Hyperlipidemia, and Osteoporosis. Tenant #5 resided in the Memory Care Unit. Tenant #5 scored six on the Global Deterioration Scale completed 3-12-13, which indicated severe cognitive decline. The clinical record contained a facsimile to the physician dated 11-29-12 which documented Tenant #5 was exceeding the criteria for assisted living level of care because he/she required to be fed and was a two-person transfer. This communication requested a hospice consultation. Tenant #5 was admitted to hospice 12-7-12. The functional assessment completed by a registered nurse on 3-12-13 documented Tenant #5 was totally dependent on staff for bathing, hygiene, dressing, mobility, toileting and medication administration. During interview, Staff #8, a certified nurse aide (CNA), reported Tenant #5 currently required two people to assist in transferring from one position to another.

Tenant #5 exceeded the level of care criteria for assisted living since at least 3-12-13 due to being totally dependent on staff for more than five activities of daily living.

Regulatory Insufficiency: A program shall not knowingly admit or retain a tenant who: Requires maximal assistance with activities of daily living. (IAC r. 481-69.23(1) i)

B. Staffing

Monitoring Observation: Staff #1, CNA, had a hire date of 2-13-13 and according to the Director, worked with the assisted living tenants of the program. The personnel record for Staff #1 lacked evidence of delegation of the tasks of catheter care or urostomy care, both of which would be required with the tenants of the assisted living program.

Staff #2, a CNA, had a hire date of 1-24-13 and according to the Director, worked with the assisted living tenants of the program. The personnel record for Staff #2 lacked evidence of delegation of the tasks of catheter care or urostomy care, both of which would be required with the tenants of the assisted living program.

The Registered Nurse who was responsible for delegation of tasks stated she did not routinely perform delegation of specific tasks for staff unless they were newly trained CNAs or they reported needing training

Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

C. Dementia-Specific Education for Program Personnel

Monitoring Observation: Staff #4, a maintenance person, was hired 9-7-12. The Director reported that all maintenance staff would be expected to work within the secured memory care unit. The personnel file for Staff #4 lacked evidence of any dementia specific training within 30 days of hire or during the current nine months of employment. The Director stated the program did not provide dementia training to maintenance staff.

Staff #6, an activity assistant, was hired 3-5-13. The Director stated Staff #6 would be required as part of her duties to work with the tenants of the secured unit. The program's Activity Director who was responsible for monitoring the training of activity personal could only provide evidence of only one hour of dementia specific training since hire.

Staff #7, a CNA, was hired 2-13-13 and would potentially have contact with the tenants in the memory care unit. The personnel record contained evidence of only three hours of the required eight hours of dementia specific training within the first 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))