IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

September 23, 2013

Ms. Kathy Sienknecht, Program Coordinator
Sunrise Assisted Living Suites
599 Taylor Street
Traer, IA 50675

RE: Final Recertification Monitoring Evaluation Report – Sunrise Assisted Living Suites, Traer, IA

Dear Ms. Sienknecht:

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 **S0297** with effective dates of **September 28, 2013** through **September 27, 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:

Sunrise Assisted Living Suites
Kathy Sienknecht, Program Coordinator
599 Taylor St.
Traer, IA 50675

Date of Monitoring Visit:

June 24, 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:	15
Number of tenants with cognitive disorder:	3
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 17 tenants 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 made observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, a 98 year old, was admitted 8-14-10 with diagnoses of: Hypertension, Depression, Anxiety and Arthritis. Tenant #1 was admitted to Hospice service 4-5-13 with the diagnosis of Adult Failure to Thrive. The cognitive assessment completed 3-12-13 indicated Tenant #1 scored 10 of 11 points correctly for no or mild impairment. The service plan was updated 4-9-13 without the tenant's signature for Hospice assistance with bathing. On 4-17-13 the service plan was again updated without the tenant's signature to have a family member set up medications and staff provided reminders to take. The nurse's notes documented the following:

a. 4-9-13 at 7:30 a.m. Family arrived to find tenants door locked. They had put the tenant to bed the evening before and had not locked the door. They found Tenant #1 fully dressed and confused. The family was concerned regarding a weight loss from 113 to 111 in four days.
b. 4-16-13 at 2:00 p.m. Tenant #1 has a shuffling gait to meals and is more confused about time of day.
c. 4-17-13 at 8:30 a.m. Tenant #1 was incontinent of urine and had also taken two days of morning pills in one day. Staff assisted with a.m. activities of daily living (ADLs). Family wishes for staff to administer medications.
d. 5-1-12 at 10:00 a.m. Tenant weight down to 108.3 pounds. Has back pain in morning and uses ice pack as needed.
e. 5-21-13 at 10:00 a.m. Tenant #1 was confused as to the day of the week.

f. 5-28-13 at 1:00 p.m. Family is aware of weight loss, decreased appetite and fatigue. Staff instructed to offer more snacks.
g. 6-4-13 at 1:00 p.m. New order received from physician to discontinue calcium pills due to difficulty swallowing.
h. 6-11-13 at 10:00 a.m. Tenant fell on 6-10-13. Tenant #1 complained of pain to the left shoulder and back.
i. 6-12-12 at 10:30 a.m. Tenant had staff assistance with ADLs
j. 6-18-13 at 1:00 p.m. Tenant had another fall on 6-13-13 with no injuries noted.
k. 6-19-13 at 9:30 a.m. Tenant has white patches on tongue and gums. Kept dentures out, mouth sore, did not take any Cheerios or firm food for meal.

The clinical record lacked evidence of completion of health, functional or cognitive reviews completed with the noted changes in condition.

Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation with the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: Tenant #1 was admitted to hospice services on 4-9-13. It was noted on 4-17-13 and 6-12-13 that staff assisted Tenant #1 with completion of ADLs. It was noted on 5-28-13 Tenant #1 was experiencing weight loss and staff were instructed to offer snacks. It was noted on 6-4-13 Tenant #1 was having difficulty swallowing pills. It was noted Tenant #1 sustained two falls on 6-10 and 6-13-13. The service plan signed and dated only by the registered nurse on 4-9-13 lacked inclusion of specific interventions designed to meet the needs of Tenant #1 with noted health, functional and cognitive condition changes listed prior.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))

Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. If a significant change triggers the review and update of the serviced plan, the updated service plan shall be signed and dated by all parties. (IAC r. 481-69.26(3)a)

C. Food Service

Monitoring Observation: Staff #1, a dietary employee, was hired 5-17-13. On 6-24-13 the monitor observed Staff #1 serve food onto plates from a steam table. The personnel record for Staff #1 lacked evidence of training in sanitation and safe food handling.

Staff #2, a universal worker, was hired 11-15-12 and assisted to serve food to tenants as part of her daily duties. The personnel record for Staff #2 lacked evidence of training in sanitation and safe food handling.

Staff #3, a universal worker, was hired 10-8-09 and assisted to serve food to tenants as part of her daily duties. The personnel record for Staff #3 lacked evidence of training in sanitation and safe food handling for 2012.

The Program Coordinator stated she was unaware of the requirement for the safe food training to be completed annually.

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))