IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

November 13, 2013

Ms. Lisa Crawford, Director
Assisi Village Assisted Living
1001 Assisi Drive
Dubuque, IA 52001

RE: Final Recertification Monitoring Evaluation Report – Assisi Village Assisted Living, Dubuque, IA

Dear Ms. Crawford:

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 **S0301** with effective dates of **November 9, 2013** through **November 8, 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:

Lisa Crawford, Director of Assisi
Assisi Village Assisted Living
1001 Assisi Drive
Dubuque, IA 52001

Date of Monitoring Visit:

October 10 and 14, 2013

Monitor(s):

Stephanie Cummins, MA

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:	17
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	17
TOTAL census of Assisted Living Program	17

Tenant/Family Satisfaction Results – A community meeting with 11 tenants was held. Housekeeping services were completed to their satisfaction. The apartments were cleaned one time per week and extra cleaning was provided upon request. The building and grounds were safe, clean and sanitary. There were no improvements provided regarding housekeeping or maintenance. Nursing services were available and staff responded in two minutes or less when tenants requested assistance. They described staff as excellent, great and helpful. Staff was trained to provide the services needed and knew what services to provide. The staff provided "100% care" and staff really cared for the tenants and were not just there for a job. One tenant said staff took care of the tenants as their children would take care of them. The staff would do anything for the tenants, according to one tenant. The food was excellent and wonderful. There was a variety of meats, vegetables and desserts offered. Staff served the tenants appropriately and the temperature of the food was appropriate. They liked the home cooked meals and fresh foods. The meat was fresh and not pre-cooked. The food committee was helpful in making improvements. There were enough activities offered and they received a calendar of activities. They enjoyed Bingo, music, yoga, outings and watching football games. They enjoyed the library and the books provided. They could decline to participate in activities and did not provide any additional activities to be offered. The tenants felt safe and made their own decisions. They appreciated the transportation provided and the convenience of having other levels of care available. The tenants said family looked around for a place and felt they had found the best place for them. Staff went above and beyond to help the tenants. The tenants were satisfied with the Program and would recommend it to others.

Program History – During the course of the Recertification visit conducted on October 10 and 14, 2013, the Program received regulatory insufficiencies in the areas of: service plan and food service.

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

A. Service Plan

Monitoring Observation: Four tenant files were reviewed.

Tenant #1, an 84 year old, was admitted on 5-3-12 and diagnoses included: Diabetes Type II, Hyperlipidemia, Depressive Disorder, Obstructive Sleep Apnea, Cataracts, Chronic Ischemic Heart Disease, Osteoporosis and Osteoarthritis. Tenant #1 had a physician's order for Nitrostat 0.4 milligram, one tablet sublingual as needed for chest pain, may repeat every five minutes, three times. Medication Administration Records for July, August and September 2013 reflect Nitrostat was not documented as administered. The service plan reflected staff assisted Tenant #1 with medication administration. Staff also assisted Tenant #1 with a blood sugar check every morning and insulin injections. The service plan did not reflect Nitrostat. The service plan did not reflect the identified needs of Tenant #1.

Tenant #2, a 92 year old, was admitted on 11-1-12 and diagnoses included: Hypertension, Degenerative Joint Disease, Hypercholesterolemia and Status/Post Hip Replacement Surgery. According to Nurse's/Care Notes dated 10-9-13, Tenant #2 had a right knee brace that Tenant #2 used to wear years ago. Tenant #2 wanted to start wearing the brace as it had always made Tenant #2's knee feel better. It was an over the counter brace. Tenant #2 wanted staff to assist Tenant #2 with putting on the brace in the morning and taking it off in the evening. The Day Shift Task Sheet reflected to assist Tenant #2 with putting on the right knee brace. The Evening Task Shift Sheet reflected to assist Tenant #2 with taking off the right knee brace. The service plan did not reflect the knee brace. The service plan did not reflect the identified needs of Tenant #2.

Review of tenant files indicated service plans did not reflect the identified needs of tenants.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance.
(IAC r. 481-69.26(4)(a))

B. Food Service

Monitoring Observation: Seven staff files were reviewed.

Staff #1, was a universal worker (UW) and did not have an annual in-service on food protection.

Staff #2, was a UW and also a dining staff and did not have an annual in-service on food protection.

Staff #3 was a Certified Nursing Assistant and did not have an orientation on sanitation and safe food handling prior to handling food. Staff #3 completed a Food Preparation and Safe Food Handling program on 10-14-13.

Staff #4 was a UW and did not have an orientation on sanitation and safe food handling prior to handling food. Staff #4 completed a Food Preparation and Safe Food Handling program on 10-14-13.

A community meeting with 11 tenants was held. The food was excellent and wonderful. There was a variety of meats, vegetables and desserts offered. Staff served the tenants appropriately and the temperature of the food was appropriate. They liked the home cooked meals and fresh foods. The meat was fresh and not pre-cooked. The food committee was helpful in making improvements. A meal observation was completed on 10-14-13 and there were no concerns identified regarding food safety or sanitation.

Review of staff files indicated staff did not have an orientation on sanitation and safe food handling prior to handling food or an annual in-service on food protection.

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 annual in-service training on food protection. (IAC r. 481-69.28(5))