IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

November 26, 2013

Ms. Tessa Numendahl, AL Manager
Aase Haugen Assisted Living
8 Ohio Street
Decorah, IA 52101

RE: Final Recertification Monitoring Evaluation Report – Aase Haugen Assisted Living, Decorah, IA

Dear Ms. Numendahl:

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 **S0133** with effective dates of **November 30, 2013** through **November 29, 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:

Tessa Numendahl, AL Manager
Aase Haugen Home Assisted Living
8 Ohio St.
Decorah, Iowa 52101

Date of Monitoring Visit:

August 14, 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.

General Population Program	
Number of tenants without cognitive disorder:	18
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	18
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	7
TOTAL census of Assisted Living Program	25

Tenant/Family Satisfaction Results – A community meeting was held with 8 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 received insufficiencies related to operating unlicensed kitchens within the assisted living program, failure to alarm all doors within the dementia specific unit and failure to require all persons transporting tenants to possess adequate licensure during the course of the recertification monitoring visit completed on 8-14-13

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

A. Food Service

Monitoring Observation: During interview, the Assisted Living Manager reported the program had three kitchens located within the assisted living area, two in the general population areas (Aase and Valley) and one in the secured memory care unit. The Manager indicated the attached nursing home prepared most foods and delivered the prepared food to the Valley general population area, requiring staff members to cook only eggs in the microwave located in the assisted living kitchen. The Manager indicated the attached nursing home prepared some foods and sent the prepared foods and the ingredients to finish the meals to both the memory care unit and the Aase general population area for staff members to prepare and serve from the assisted living kitchens.

On 8-14-13, the monitor observed Staff #1, certified medication aide (CMA), preparing French toast on a griddle in the memory care assisted living kitchen and cooking eggs to order in a pan on the stove top in the assisted living kitchen. The program stored eggs, bulk cheese, gallon jugs of milk, multi-serving juices, butter, multiple multi-serving condiments and pork sausages in the refrigerator/freezer in the memory care assisted living kitchen.

On 8-14-13, the monitor observed the program stored eggs, bulk cheese, gallon jugs of milk, multi-serving juices and multiple multi-serving condiments in the Valley general population area assisted living kitchen.

On 8-14-13, the monitor observed the program stored eggs, bulk cheese, gallon jugs of milk, multi-serving juices, large containers of beef broth, a half-gallon tub of sour cream, multiple multi-serving condiments, whole potatoes, whole onions, sausages and a variety of vegetables in the Aase general population area assisted living kitchen.

During interview, Staff #2, certified nursing assistant (CNA), reported she worked primarily in the general population area. Staff #2 indicated the nursing home kitchen sent some items already prepared to the Aase kitchen. Some of the items required reheating and others required baking which was done in the assisted living kitchen. For each lunch and supper meal the potatoes and vegetables were prepared and cooked by the assisted living staff members in the assisted living kitchen. Staff #2 reported she always fried hamburgers, bratwurst and hotdogs on the stovetop in the assisted living kitchen when served during a meal. Staff #2 indicated eggs were cooked to order in the Aase assisted living kitchen every Saturday morning.

The program was prepping food items, cooking food items and storing multi-serving and potentially hazardous foods in the assisted living kitchens. The program had not licensed any of the three assisted living kitchens as required pursuant to Iowa Code Chapter 137F.

Regulatory Insufficiency: Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code Chapter 137F. (IAC r. 481-69.28(6))

B. Life Safety

Monitoring Observation: The program's secured memory care unit had a door that exited to a courtyard area enclosed by building walls and a fence. The fence had a gate that was to be locked at all times. The gate exited into an unsecured area outside of the program. The door exiting into the courtyard was not alarmed as required by regulation.

During interview, Staff #1, CMA, reported the door to the courtyard was left unlocked during the daytime hours, weather permitting, to allow the cognitively impaired tenants unrestricted access to the courtyard area. As the courtyard fence had a gate, which if inadvertently left unlocked would allow cognitively impaired tenants unauthorized exit from the secured area, the program was required to alarm the door to notify staff members when a tenant was going out into the courtyard so supervision could be implemented.

Regulatory Insufficiency: An operating alarm system shall be connected to each exit door in a dementia-specific program. (IAC r. 481-69.32(2))

C. Transportation

Monitoring Observation: The Assisted Living Manager reported the program provided transportation to tenants during activities. The Manager presented the monitor with copies of the front and back of the drivers' licenses of the staff member who would potentially transport program tenants using the program's van. The Manager indicated the program used a five passenger van for such transportation. The Manager identified Staff #3 and Staff #4 as persons who have driven the van to transport program tenants in the past and could potentially transport program tenants in the future.

Staff #3's driver license indicated he had been issued a Class C driver license by the State of Iowa, indicating approval to drive only a non-commercial vehicle.

Staff #4's driver license indicated he had been issued a Class C driver license by the State of Iowa, indicating approval to drive a non-commercial vehicle.

The State of Iowa requires persons to either have a CDL or have a class D (Chauffeur's) driver's license with endorsement 3, allowing non-commercial use of a vehicle when transporting less than 16 passengers for hire. Staff #3 and Staff #4 did not have either.

Regulatory Insufficiency: When transportation services are provided directly or under contract with the program, the driver shall have a valid and appropriate driver's license or commercial driver's license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated. (IAC r. 481-69.33(6))