IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

August 11, 2014

Ms. Laurie Kreul, Program Administrator
Arlin Falck Assisted Living
911 Ridgewood Drive
Decorah, IA 52101

RE: Final Recertification Monitoring Evaluation Report – Arlin Falck Assisted Living, Decorah, IA

Dear Ms. Kreul:

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, following a survey by DIA on **August 4, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Record Checks.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

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.

Also enclosed you will find the Assisted Living Program Certificate **S0081** with effective dates of **June 21, 2014** through **June 20, 2016**.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

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:

Laurie Kreul, Program Administrator
Arlin Falck Assisted Living
911 Ridgewood Dr.
Decorah, Iowa 52101

Date of Monitoring Visit:

August 4, 2014

Monitor(s):

Stephanie Radabaugh, PhD
Wendy Kuhse, 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:	32
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	33
TOTAL census of Assisted Living Program	33

Tenant/Family Satisfaction Results – A community meeting with 19 tenants and 1 family member was held. Maintenance and housekeeping services were timely and to the tenants' satisfaction. One tenant suggested that all balcony rails should be checked for stability due to the age of the building. Maintenance was asked to check all railings. They were happy with the activity program and food service and offered no suggestions for improvement. Nursing services were available upon request. Tenants noted the response time for emergency pendant usage was immediate. Staff was described as kind, well trained and prompt. Tenants felt they had received the care they contracted for through the occupancy agreement. The tenants all felt safe at the Program and stated they would recommend it to others. Suggestions were offered regarding the future construction of apartments which included: higher towel bars, high-rise toilets, handicapped accessible sinks, larger bathrooms for mechanical wheelchair maneuvering and soundproofed walls.

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

A. Record Checks

Monitoring Observation: Six staff files were reviewed. Staff #1 was hired on 5-6-13 and was currently employed as the delegating registered nurse. The criminal history background check completed on 4-18-13 indicated further research was required. On 9-9-13 the Iowa Record Check Request Form indicated there was no criminal record found. Further research was not completed prior to the date of hire to check for a criminal record.

A review of Staff #1's file indicated further research was not completed prior to employment on a criminal history check that noted a possible record.

Regulatory Insufficiency: Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. (IAC r. 481-67.19(3))