IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

August 19, 2014

Mr. Bill McCarty, Residence Director
Hansen House Assisted Living
2331 Nash Boulevard
Council Bluffs, IA 51501

RE: Final Recertification Monitoring Evaluation Report – Hansen House Assisted Living, Council Bluffs, IA

Dear Mr. McCarty:

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 5, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Exit Door Alarm System, Transportation and 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 recertification process has not been completed. In addition, the State Fire Marshal's (SFM) inspection report has not been received for your program. The certificate will be sent when the process has been completed.

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:

Bill McCarty, Residence Director
Hansen House Assisted Living
2331 Nash Boulevard
Council Bluffs, IA 51501

Date of Monitoring Visit:

August 5, 2014

Monitor(s):

Lori Miner, RN BSN

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.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	14
Total Population of Program at time of on-site	14
TOTAL census of Assisted Living Program	14

Tenant/Family Satisfaction Results – A community meeting was not held as tenants residing at the program had moderate to severe cognitive decline. Tenants were observed throughout the course of the day during activities, during lunch, during a medication pass, and during interactions with staff members. Tenants appeared to be comfortable in their surroundings and comfortable with staff. Apartments and common areas including the kitchen appeared to be generally clean. Staff were observed assisting tenants and involving tenants in decisions related to care needs.

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

A. Exit Door Alarm System

Monitoring Observation: A tour of the building was taken. A door leading from the dining room to a courtyard was observed. According to the Residence Director, the door was not alarmed. The door was opened and no alarm sounded and staff members did not respond. The courtyard was enclosed and a gate was at one end. The gate was padlocked and the Residence Director had a key which unlocked the padlock. The Residence Director stated the courtyard door was not a fire exit.

Other doors in the program leading to the outside were observed to be alarmed.

The program identified itself as dementia-specific by dedication. The courtyard door, a door exiting to the outside, was not alarmed.

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

B. Transportation

Monitoring Observation: According to the Residence Director, the program did not have vehicles to provide transportation to tenants. It was reported the Residence Director and Staff #1 used their personal vehicles to transport tenants when family members were not

available to do so. The Residence Director stated tenants were transported by staff during the course of the work day.

Driver's licenses were reviewed for the Residence Director and Staff #1. Both driver's licenses were Class C non-commercial licenses.

According to the current Iowa Department of Transportation Truck Information Guide, a person who is paid or compensated to operate a vehicle designed to transport 15 or fewer passengers requires a Class D-3 chauffeur's license.

Two drivers did not possess the required driver's license to transport tenants as part of their employment.

Regulatory Insufficiency: The driver shall have a valid and appropriate Iowa 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))

C. Record Checks

Monitoring Observation: Staff #2, a Universal Worker, was hired 3-25-14. On 3-24-14, background checks for child abuse, dependent adult abuse, and criminal history were requested. No history of child abuse or dependent adult abuse was found. The results of the criminal history indicated further research was needed, but the program did not receive any records to be able determine whether or not a criminal history actually existed.

A review of Staff #2's time sheet indicated Staff #2 had paid time on 3-25-14. The criminal history was returned on 3-26-14 which indicated there were no criminal history records found.

Staff #2 had paid time prior to the completion of the background check. The program did not have enough information to determine Staff #2 was able to be employed pending an evaluation of criminal history.

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))