IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

August 26, 2014

Ms. Shareen Anderson, Administrator
Wesley Central Assisted Living
3520 Grand Avenue
Des Moines, IA 50312

RE: Final Recertification Monitoring Evaluation Report – Wesley Central Assisted Living, Des Moines, IA

Dear Ms. Anderson:

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 20, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant and Staffing.

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 **S0075** with effective dates of **April 5, 2014** through **April 4, 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:

Shareen Anderson, Administrator
Wesley Central Assisted Living
3520 Grand Avenue
Des Moines, IA 50312

Date of Monitoring Visit:

August 20, 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.

General Population Program	
Number of tenants without cognitive disorder:	54
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	55
TOTAL census of Assisted Living Program	55

Tenant/Family Satisfaction Results – A meeting was held with three tenants. The best thing about the program was the friendship, independence, and the activities. Housekeeping was completed in apartments and common areas to tenants' satisfaction. Tenants used a call button to request assistance. Most of the time call buttons were answered in less than five minutes; however, at times it took as long as 15 minutes for call buttons to be answered. Staff was reported to provide very good care and treated the tenants well and with respect. The food was good, with choices available and hot foods were served hot. There were so many activities, tenants needed to pick and choose which ones to attend. The tenants reported feeling safe at the program, were generally satisfied and would recommend the program to others.

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

A. Evaluation of Tenant

Monitoring Observation: The program provided documentation which indicated 55 tenants were "assisted living" tenants. The program indicated six of the 55 tenants were receiving no services from the program. The Registered Nurse (RN) reported all 55 tenants, including the six receiving no services, had evaluations and service plans completed.

According to the Inspections and Appeals website, Wesley Central was certified for 136 tenants. The RN reported 68 apartments were in Wesley Central. During a tour of the program with the RN, it was revealed "independent living" tenants were residing in apartments next to tenants in "assisted living." Independent and assisted living tenants were co-mingled on three of the four floors of the building. The RN stated the "independent living' tenants did not receive services from the program. Independent tenants also signed an occupancy agreement, the Wesley Central Residency Agreement, different from those tenants considered to be assisted living. The RN reported independent tenants did not have evaluations completed prior to admission and within 30 days of admission.

The entire section of the complex known as Wesley Central was certified as an assisted living program. The program identified 16 tenants (#1 through #16) residing in Wesley Central that had not had evaluations completed. The program did not provide

documentation of the completion of evaluations prior to and within 30 days of admission for 16 tenants.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1)

Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also 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 when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Staffing

Monitoring Observation: The program completed a monitoring entrance form. The form indicated the Administrator was hired on 12-7-13. The program indicated training related to assisted living management and Iowa assisted living rules was not completed. The Administrator confirmed a class had not been completed.

The Administrator was hired on 12-7-13 and did not complete and assisted living management class within six months of hire.

Regulatory Insufficiency: All programs employing a new program manager after January 1, 2010, shall require the manager within six months of hire to complete an assisted living management class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living programs. Managers who have completed a similar training prior to January 1, 2010, shall not be required to complete additional training to meet this requirement. (IAC r. 481-69.29(5))