IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

August 25, 2014

Ms. Marj Bartz, Manager
Huskamp Haven Assisted Living
300 West Riverview Drive
Algona, IA 50511

RE: Final Recertification Monitoring Evaluation Report – Huskamp Haven Assisted Living, Algona, IA

Dear Ms. Bartz:

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 18 & 19, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Criminal, Dependent Adult Abuse and Child Abuse 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 **S0242** with effective dates of **August 22, 2014** through **August 21, 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:

Ms. Marj Bartz, Manager
Huskamp Haven Assisted Living
300 West Riverview Drive
Algona, IA 50511

Date of Monitoring Visit:

August 18 & 19, 2014

Monitor(s):

Michael Rohner, OTL/R
Wendy E. Kuhse, RN BS

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:	14
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	15
TOTAL census of Assisted Living Program	15

Tenant/Family Satisfaction Results – A community meeting was held with 10 tenants. Housekeeping services were completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. Nursing services were available when needed and staff responded quickly, in only two to three minutes. Tenants stated they absolutely received the services expected when they signed the occupancy agreement, even a little bit more. The Tenants stated staff was polite and described them as excellent. They stated the food was good, and a variety of items were served. Staff served tenants appropriately and hot foods were served hot and cold foods served cold. Some Tenants stated they would like more soup served at evening meals. Tenants stated there were enough activities. They also stated they felt safe and made their own decisions. Tenants were generally satisfied with the Program and would recommend it to others. One Tenant indicated the Program was better than they had expected.

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

A. Criminal, Dependent Adult Abuse, and Child Abuse Record Checks

Monitoring Observations:

Five employee files were reviewed. Documentation for Staff #2 indicated the Program completed a child abuse check, a dependent adult abuse check and a criminal history check on 11/01/13. The criminal history check returned with instructions that further research was required. Staff completed a request for a criminal history check which was returned on 11/6/13, with a criminal history record attached. The Iowa Department of Humans Services "Record Check Evaluation" was completed on 11/9/13, indicating Staff #2 could work at the Program. Additional information under "information for the requester" indicated the "Record Check Evaluation" is valid for 30 days from the date of this decision letter.

According to documentation on the time card for Staff #2, she began employment/orientation on 12/31/13, exceeding the 30 days from the date of the completed record check evaluation.

Regulatory Insufficiency: The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program. (IAC r. 481- 67.19(4).