

TERRY E. BRANSTAD  
GOVERNOR

KIM REYNOLDS  
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

September 16, 2014

Ms. Sarah Cutler Hand, Manager  
Colonial Estates  
815 Colonial Lane  
Columbus Junction, IA 52738

**RE: Final Recertification Monitoring Evaluation Report – Colonial Estates,  
Columbus Junction, IA**

Dear Ms. Hand:

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. **No Regulatory Insufficiencies were found during this evaluation.**

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 **S0311** with effective dates of **July 28, 2014** through **July 27, 2016**.

If you have any questions in regard to this certification, 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:**

Colonial Estates  
Sarah Cutler Hand, Manager  
815 Colonial Lane  
Columbus Junction, IA 52738

**Date of Monitoring Visit:**

September 8, 2014

**Monitor(s):**

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.

| <b>General Population Program</b>              |          |
|------------------------------------------------|----------|
| Number of tenants without cognitive disorder:  | <u>5</u> |
| Number of tenants with cognitive disorder:     | <u>0</u> |
| Total Population of Program at time of on-site | <u>5</u> |
|                                                |          |
| <b>TOTAL census of Assisted Living Program</b> | <u>5</u> |

**Tenant/Family Satisfaction Results** – A community meeting was held with four 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. Tenants reported they received the services expected when they signed the occupancy agreement. The tenants stated staff was very good and they were treated “like family”. They stated the food was good and the amounts served were adequate. The hot foods were served hot and the cold foods served cold. Staff served them appropriately and there was a wide variety of foods served and choices were always available. Tenants stated there were enough activities to keep them busy and they enjoyed frequent bus rides. The tenants stated they felt safe and made their own decisions. They were satisfied with the program and would recommend it to others.

**On-Site Monitoring Evaluation** – The monitor(s) made observations detailed in the following areas. **There were no regulatory insufficiencies found during this onsite recertification monitoring evaluation.**