IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

October 6, 2014

Mr. Richard Ruehle, Administrator
Oakland Heights Assisted Living
904 North Scenic Drive
Oakland, IA 51560

RE: Final Recertification Monitoring Evaluation Report – Oakland Heights Assisted Living, Oakland, IA

Dear Mr. Ruehle:

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 **September 30, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Food Service 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 **S0070** with effective dates of **March 10, 2014** through **March 9, 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:

Richard Ruehle, Administrator
Oakland Heights Assisted Living
904 North Scenic Drive
Oakland, IA 51560

Date of Monitoring Visit:

September 30, 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:	10
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	10
TOTAL census of Assisted Living Program	10

Tenant/Family Satisfaction Results – A meeting was held with six tenants. The best thing about the program was the availability of staff. Housekeeping was completed to tenants' satisfaction in apartments and common areas. Tenants used call buttons to request assistance. Staff members were reported to respond in less than five minutes, even when responding from the attached nursing facility. Tenants described care received as "excellent" and "great." Tenants reported being treated kindly and respectfully by friendly staff. The foot was good but not always hot. Staff members were willing to reheat food upon request. There were enough activities offered but computerized bowling was requested. Tenants reported feeling safe, 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. Food Service

Monitoring Observation: The program was asked to provide staff training records for three employees: Staff #1 identified by the program as a Certified Nursing Assistant (CNA) hired 10-6-2003, Staff #2 identified as a CNA hired 5-16-11, and Staff #3 identified as assisted living facility personnel hired 3-19-11.

Staff #1 had documented food safety training in 2009, Staff #2 had training in 2011, and Staff #3 had training in 2007.

During interview, Staff #1 reported she served meals. Staff #1 was observed serving the noon meal on the day of the onsite visit. Staff #1 was also observed using bare hands to pick up ice cubes and place the cubes in drink glasses.

The program did not provide documentation of annual food protection training for three staff members identified as being responsible for food service.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (IAC r. 481-69.28(5))

B. Staffing

Monitoring Observation: The program was asked to provide documentation of competency to provide nurse-delegated tasks for three employees: Staff #1 identified by the program as a Certified Nursing Assistant (CNA) hired 10-6-2003, Staff #2 identified as a CNA hired 5-16-11, and Staff #3 identified as assisted living facility personnel hired 3-19-11.

The program provided documentation of the completion of a medication manager course for all three staff members, but did not provide documentation of competency by the current program nurse (RN) who became the program's delegating nurse in August of 2013. The RN stated she had not documented staff competency to perform delegated tasks.

During an observation of the medication pass, Staff #1 was observed to take a pill from a medication planner using bare hands. In an interview with the RN, she stated pills should not be handled with bare hands.

The program's RN did not document a review to ensure staff competency within six months of employment as the program's nurse.

- Regulatory Insufficiency: The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: (a) The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. (IAC r. 481-67.9(4)(a))

Monitoring Observation: The program was asked to complete a Monitoring Entrance Form. The form indicated the Administrator began employment with the program on 3-26-14 and had not completed a class on assisted living regulations in Iowa. In an interview, the Administrator stated he had been at the program about six months and had not completed a class on assisted living regulations.

The Administrator had not completed a course related to Iowa rules and laws on assisted living programs 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))