IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

October 7, 2014

Mr. Brett Olsen, Manager
Whispering Willow Assisted Living
601 Dawn Avenue
Fredericksburg, IA 50630

RE: Final Recertification Monitoring Evaluation Report – Whispering Willow Assisted Living, Fredericksburg, IA

Dear Mr. Olsen:

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 25, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Record Checks, Dementia-Specific Education for Program Personnel and Other.

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:

Whispering Willow Assisted Living
Brett Olsen, Manager
601 Dawn Ave.
Fredericksburg, IA 50630

Date of Monitoring Visit:

September 25, 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.

General Population Program	
Number of tenants without cognitive disorder:	12
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	14
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	23

Tenant/Family Satisfaction Results – A community meeting was held with six 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 when tenants used their pendants. Tenants stated they received the services expected when they signed the occupancy agreement. The tenants stated staff was good, and they were treated well. They stated the food was good and the amounts served were adequate. The hot foods were served hot and cold foods served cold. Staff served tenants appropriately and there was a variety of foods served. Tenants stated there were enough activities and several enjoyed their own rooms and self-directed activities. Tenants 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.

A. Record Checks

Monitoring Observation: Five staff files were reviewed. According to documentation in Staff #4's personnel file, Staff #4 completed an employment application on 11-28-2013. The program completed a background check on Staff #4 on 12-3-13.

According to the program "Employee Contact List" dated 9-24-14, Staff #4 began employment at the program on 4-4-14.

Review of Staff #4's personnel file did not reveal a second background check had been completed prior to Staff #4 being rehired on 4-4-14.

During an interview on 9-25-14 at 1:09 p.m. the program manager stated Staff #4 had been terminated for not having all the training completed in the allotted time frame, so he terminated Staff #4 (unknown date) and rehired Staff #4 at a later date (4-4-14). The program manager stated at the time of Staff #4's rehiring, he completed at the paperwork again, but added he did not complete another criminal back ground check on Staff #4.

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)).

B. Dementia-Specific Education for Program Personnel

Monitoring Observation: Five staff files were reviewed. According to documentation in the personnel file, Staff #5 began employment at the program on 7-21-14. Review of the personnel file during the survey revealed Staff #5 had not received any dementia training. During an interview on 9-25-14 at 2:29 pm, the program manager indicated Staff #5 had been given a verbal warning regarding the completion of required training and would be terminated in one week if the training requirements had not yet been met.

Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment of the beginning of the contact, as applicable. (IAC r. 481-69.30 (1)).

C. Other

Monitoring Observation: Five staff files were reviewed. Four staff (#1,2,3,and 5) were universal workers. Staff #4 was employed as a cook.
Review of staff personnel records revealed the following:
Staff #1 hired on 5-28-14
Staff #2 hired on 3-27-14
Staff #3 hired on 9-10-14
Staff #4 hired on 4-4-14
Staff #5 hired on 7-21-14

Review of personnel files also revealed the above staff did not receive an orientation on sanitation and safe food handling prior to handling food. Review of the programs "1st Shift Orientation Checklist" and "Kitchen Orientation Checklist" did not include education on safe food handling and food sanitation.

Interviews conducted during the survey with Universal Workers (Staff #6, #7) indicated they served meals to the tenants.

The program provided documentation of an all staff in-service held 8-28-14 which included education and training on safe food handling and sanitation.

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))