IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

November 12, 2014

Ms. Julie Feeney, Director
Ashbrook Assisted Living
1121 North Fremont Street
Iowa Falls, IA 50126

RE: Final Recertification Monitoring Evaluation Report – Ashbrook Assisted Living, Iowa Falls, IA

Dear Ms. Feeney:

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 **November 3 & 4, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Transportation.

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 **S0143** with effective dates of **June 13, 2014** through **June 12, 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:

Julie Feeney, Director
Ashbrook Assisted Living
1121 N. Fremont St.
Iowa Falls, IA 50126

Date of Monitoring Visit:

November 3rd and 4th, 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:	40
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	44
TOTAL census of Assisted Living Program	44

Tenant/Family Satisfaction Results – A community meeting was held with nine 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 within a couple of minutes when tenants used their pendants. Tenants stated they received the services expected when they signed the occupancy agreement. The tenants stated staff was very kind, 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 collectively they stated they had a "great activity director." 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. Transportation

Monitoring Observation: The transportation assistance's driver's license was reviewed and indicated Staff 1 had a class C license, with an endorsement for non-commercial vehicles.

Review of the job description for Staff 1indicated Staff 1 had been hired on 05-13-2009 and began as a transporter on 07-22-2011. The qualifications included the transportation assistant must have a "valid and appropriate Iowa driver's license or commercial driver's license…as required by law for the vehicle being utilized for transport." The job description (revision date 02-05-2013) indicated the transportation assistant drives tenants and staff to appointments and outings and runs errands for business operations.

During an interview on 11-04-14 at 11:39, the administrative staff (Director, and Assistant Director) confirmed that Staff 1 had a class C driver's license and not a class D license as required when transporting tenants as a paid employee of the program.

Regulatory Insufficiency: The driver shall have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated. (IAC r. 481-69.33 (6)