IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 4, 2014

Ms. Chris Marshall, Executive Director
Sitler Center for Helpful Living
1013 S. Iowa Avenue
Washington, IA 52353

RE: Final Recertification Monitoring Evaluation Report – Sitler Center for Helpful Living, Washington, IA

Dear Ms. Marshall:

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 26, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Program policies and procedures.

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 **S0005** with effective dates of **October 1, 2014** through **September 30, 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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0005	A. BUILDING: _____ B. WING _____	11/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SITLER CENTER FOR HELPFUL LIVING	1013 S IOWA AVE WASHINGTON, IA 52353

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments 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: 9 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 9 Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 10 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 24 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents	A 003		

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A 003	Continued From page 1 including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on Monitor Observations, Review of Policies and Procedures and Director interview, the Medication Policy was not followed as established by the Program for two of two tenants (Tenant #1 and Tenant #2). Per the monitor's observation of a medication pass, review of the Medication Policy and Director interview, Staff A administered medications outside the established time frame as indicated in the Medication Policy. On 11-26-14, Staff A was observed during a medication pass by the monitor. Medications were administered to Tenant #1 at 9:15 a.m. The Medication Administration Record (MAR) indicated the time the medications were to be given was 8:00 a.m. Staff A was observed administering medications to Tenant #2 at 9:25 a.m. The MAR indicated the time the medications were to be given was 8:00 a.m. According to the Assisted Living Medication Policy, Medications may be given within one (1) hour before or after scheduled time. On 11-26-14 at 3:20 p.m., the Director of Assisted Living was interviewed and stated according to policy, staff are to administer medications within one hour before or one hour after the stated time indicated on the MAR.	A 003		

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