

TERRY E. BRANSTAD  
GOVERNOR

KIM REYNOLDS  
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 29, 2012

Ms. Maradith Janssen, Administrator  
Homestead Acres Assisted Living  
2306 State Street  
Guthrie Center, IA 50115

**RE: Final Recertification Monitoring Evaluation Report – Homestead Acres  
Assisted Living, Guthrie Center, IA**

Dear Ms. Janssen:

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 **S0087** with effective dates of **July 7, 2012 through July 6, 2014.**

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

*Jim Berkley*

Jim Berkley  
Program Coordinator  
Adult Services Bureau

Enclosure

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION  
(515) 281-5457  
FAX: (515) 242-6863

ADMINISTRATIVE HEARINGS  
(515) 281-6468  
FAX: (515) 281-4477  
Telephone Number for the Hearing Impaired: (515) 242-6515

HEALTH FACILITIES  
(515) 281-4115  
FAX: (515) 242-5022

INVESTIGATIONS  
(515) 281-5714  
FAX: (515) 242-6507

**IOWA DEPARTMENT OF INSPECTIONS AND APPEALS**  
**Assisted Living Program**  
**Final Recertification Monitoring Evaluation Report**

**Assisted Living Program:**

Homestead Acres Assisted Living  
Maradith Janssen, Administrator  
2306 State St.  
Guthrie Center, IA 50115

**Date of Monitoring Visit:**

May 14, 2012

**Monitor(s):**

Joyce Kix, RN  
Maribeth Frelund, RN

**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>11</u> |
| Number of tenants with cognitive disorder:     | <u>0</u>  |
| Total Population of Program at time of on-site | <u>11</u> |
|                                                |           |
| <b>TOTAL census of Assisted Living Program</b> | <u>11</u> |

**Tenant/Family Satisfaction Results** – A community meeting was held with eight tenants. They reported that housekeeping and laundry services were completed to their satisfaction. The tenants said nursing services were respectfully provided, staff members were well trained and answered calls promptly. They reported there were plenty of activities offered. The tenants were generally satisfied with the program and would recommend it to others.

**Program History** – There were no regulatory insufficiencies during this certification period.

**On-Site Monitoring Evaluation** – There were no regulatory insufficiencies identified during the recertification visit.