IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 23, 2009

Denise Carlson, RN Director
Village Terrace Assisted Living
302 Franklin St
Keosauqua, IA 52565-1165

RE: Final Recertification Monitoring Evaluation Report, Village Terrace Assisted Living, Keosauqua, IA

Dear Ms. Carlson:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

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 #S0174** with effective dates of **May 30, 2009 through May 29, 2011**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Denise Carlson, RN Director
Village Terrace Assisted Living
302 Franklin St
Keosauqua, IA 52565-1165

Date of Monitoring Visit:

June 3, 2009

Monitor(s):

Stephanie Cummins, MA

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Village Terrace Assisted Living on June 3, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	9
Current number of tenants with cognitive disorder:	0
Total Population:	9

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting with eight tenants was held. The tenants did not have any concerns with housekeeping, maintenance or laundry. They described staff as very good, stated staff knocked before they entered their apartments and responded to their requests for assistance quickly. After hours, the attached hospital responds to calls for assistance and the tenants did not have any concerns with the response from the hospital. Tenants stated the quality, quantity and temperature of the food was good and they could ask for additional servings. The meat quality was good but one tenant requested more fresh vegetables. One tenant stated he/she enjoyed the meals prepared in his/her apartment and in the dining room. There were sufficient activities and it was respected if tenants chose not to participate. They felt safe and stated the door was locked at 10:00 p.m. Tenants indicated the program conducted fire drills and staff had appropriate training in regard to the drills. Tenants stated they felt like they were getting what they signed up for upon admission. They were satisfied with the program and would recommend it to others.

Program History –There were substantiated Regulatory Insufficiencies at the last recertification visit in the areas of: Evaluation of Tenants, Service Plans and Staffing. There have been no other substantiated Regulatory Insufficiencies.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Three tenant files were reviewed.

Tenant #1, an 81 year old, was admitted on 10-26-06 and diagnoses include: Psoriasis, Eczema and Left Leg Cellulitis. The tenant's annual service plan was not signed by the nurse, two staff and the tenant or tenant's legal representative.

Tenant #2, a 90 year old was admitted on 5-12-06 and diagnoses include: Dementia, Diabetes Mellitus, Reflux and Cerebral Vascular Accident (CVA). The tenant's annual service plan was not signed by the nurse, two staff and the tenant or tenant's legal representative.

- Regulatory Insufficiency: The program did not consistently update each tenant's service plan not less than annually, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28(3))

B. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: Three staff files were reviewed. Staff #1 and #2 did not have an annual in-service training on food protection.

- Regulatory Insufficiency: The program did not consistently provide personnel who are employed by or contracting with the program and who are responsible for preparing or serving food, or both preparing and serving food, an annual in-service training on food protection. (25.32(5))

C. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Monitoring Observation: Three staff files were reviewed. Staff #2 was hired on 1-25-08 and did not have documented Mandatory Dependent Adult Abuse training. Staff #2 told the Director by phone she had the training completed in 2007; however, the certificate to verify the training was not available at the time of the on-site. Staff #3 was hired on 5-29-08 and did not have Mandatory Dependent Adult Abuse training.

- Regulatory Insufficiency: The program did not consistently complete Mandatory Dependent Adult Abuse training within six months of hire. (235B.16(5)b)

Dated this 23rd day of June, 2009.