IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 26, 2011

Ms. Maureen Sedlacek, Acting Administrator
Village Terrace Assisted Living
302 Franklin Street
Keosauqua, IA 52565

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

Dear Ms. Sedlacek:

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.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary 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, 2011** through **May 29, 2013**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

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:

Maureen Sedlacek, Acting Administrator
Village Terrace Assisted Living
302 Franklin Street
Keosauqua, IA 52565

Date of Monitoring Visit:

May 5, 2011

Monitor(s):

Lori Miner, RN BSN

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. IAC r. 481-67.10(5). 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 481 IAC chapter 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 or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Village Terrace Assisted Living on May 5, 2011. 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:	10
Current number of tenants with cognitive disorder:	0
Total Population:	10

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 meeting was held with seven tenants. The best thing about the program was the staff and the food. Housekeeping was done in the apartments and common areas to the tenants' satisfaction. Maintenance responded quickly to requests for assistance. The sidewalks were well maintained during the winter months. Tenants had call pendants to use in case of emergency, although they reported they have not needed to use the call system, they believe staff would respond immediately. The food was reported as very good with a variety of foods served. More salads were desired. There were enough activities offered and tenants were also able to participate in activities in the attached hospital. The tenants were generally satisfied with the program and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Service Plan

Monitoring Observation: Tenant #1, an 84 year-old, was admitted on 4-25-09 with diagnoses of: Diabetes Mellitus and History of Colon Cancer with Colostomy. The tenant was scored at 30 on the Mini Mental State Examination (MMSE) which indicated normal cognitive function. Progress notes dated 2-2-11 indicated staff had spoken with the tenant regarding outspoken behavior regarding another resident. Progress notes dated 4-14-11 indicated this tenant had a problem with another tenant. Progress notes dated 4-22-11 indicated the tenant had a "resident in tears." Progress notes dated 4-24-11 indicated the tenant was "short and rude" with other tenants. Progress notes dated 4-26-11 indicated the tenant gave another tenant "a shove" during a storm drill and was not showing respect for other tenants. The annual service plan dated 5-20-10 failed to address the tenant's behavior. The service plan did not address the tenant's preference for nursing facility care.

Tenant #2, an 81 year-old, was admitted on 7-1-10 with diagnoses of: Status Post Hip and Knee Replacements, Myocardial Infarctions, Macular Degeneration and Mild Dementia.

The tenant was scored at 27 on the MMSE which indicated normal cognitive function. A review of the service plan dated 7-30-10 indicated the program was to dispense medications. A review of the medication documentation sheet for April 2011 indicated staff was setting out bedtime and morning medications and the tenant was self administering those. In a conversation with Staff #2, she indicated when staff gave the evening medications from the planner, staff was also giving the bedtime medication to the tenant in a cup to take on his/her own at bedtime. Staff was also giving the tenant a cup of morning pills for the next morning as the tenant wanted to take the medication prior to the time staff arrived. The service plan was not updated to indicate the tenant's preference to self administer bedtime and morning medications. The service plan did not indicate the tenant's preference for nursing facility care.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum the tenant's identified needs and preferences for assistance and preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy. (IAC r. 481-69.26(4)(a)(e))

B. Food Service

Monitoring Observation: Program menus for 1-2-11 to 4-30-11 were reviewed. The program provided a lunch and dinner meal. The menus were not signed by a dietitian. In a conversation with Staff #1, the cook, she indicated she created the menus and used old menus as a reference. The cook indicated she prepared food in the kitchen in the assisted living facility. The cook was observed preparing the noon meal of baked potato, tenderloin, and beans. The program failed to assure that 66 2/3 percent of the daily recommended dietary allowances were provided. The program did not provide documentation of a current food license for the assisted living facility.

- Regulatory Insufficiency: Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: A minimum of 66⅔ percent if the program provides two meals per day. (IAC r. 481-69.28(3)(b))

- Regulatory Insufficiency: Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. (IAC r. 481-69.28(6))

Dated this 25th day of May, 2011.