Iowa Department of Inspections and Appeals
Assisted Living Program
Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Judy Nicholls, Director
The Willows
710 E. Arbor Lane
Mt. Pleasant, IA 52641

Date of Monitoring Visit:

June 26, 2006

Monitor(s):

Stephanie Cummins, SW 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 an Initial Certification 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 The Willows on June 26, 2006. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* –Not applicable.

Dementia Specific Program (DSP)* **–** A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	1
Current number of tenants without cognitive disorder:	4
Total Population:	5

***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 four tenants was held at 10:15 a.m. Two family interviews were conducted by telephone subsequent to the on-site. The tenants report staff do a great job and they have enough staff to assist them with any of their needs. They described the food as "excellent" and report they enjoy the breakfast meal and the roast beef. Tenants report the meat is really tender and the temperature of the food is appropriate. They enjoy exercises, puzzles and sing-a-longs. The tenants report they enjoy spending time with each other and with staff. They also report they feel safe. Tenants state they enjoy not having to clean or do laundry and they are "spoiled here." Family states the building is spotless and one family member states she does not know how the program could do any better in regard to cleaning. Family reports there are alternatives given if there is a food served the tenants do not like, that staff genuinely care about the tenants, the tenant's needs are met and the program has a homelike environment. One family reports the program fits with the tenant's previous lifestyle.

Complaint History – There were no substantiated complaints this certification period.

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

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

Monitoring Observation: Two tenant files were reviewed. Tenant #1 was admitted on 2-6-06. Tenant #2 was admitted on 2-13-06. The program was certified on 2-24-06. The Director indicates three tenants were admitted prior to certification. In a written statement dated 6-26-06 the Director indicates the program's Project Manager worked with the Fire Marshall Inspector regarding the approval of the building. The Director stated the Fire Marshall Inspector verbally and in writing approved the building for safety and indicated the building was ready for occupancy. The Project Manager communicated to the Director that the building was approved for occupancy by the Fire Marshall and the program could begin admitting tenants. The Director indicates in a written statement the program had not intended to not comply with the rules of occupancy and the situation was an unfortunate misunderstanding between Departments and the program.

- Regulatory Insufficiency: The program admitted tenants prior to receiving certification.

Dated this 7th day of July 2006.