IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 20, 2009

Candi Gilani, Administrator
BeeHive Homes
1126 Oak Hill Drive
Hawarden, IA 51023

RE: Final Recertification Monitoring Evaluation Report, BeeHive Homes Assisted Living, Hawarden, IA

Dear Ms. Gilani:

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 with effective dates of **December 8, 2008 through December 7, 2010**. If you have any questions regarding this certification, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Candi Gilani, Administrator
Bee Hive Homes
1126 Oak Hill Drive
Hawarden, IA 51023

Date of Monitoring Visit:

November 3, 2008

Monitor(s):

Michael Streepy, RN

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 Bee Hive Homes on November 3, 2008. 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 community meeting was held with 7 tenants. The tenants stated the living environment is excellent and well maintained. Staff are wonderful and respond promptly to any requests for assistance. The food is good with plenty served. Tenants stated they would like more activities in the afternoon. The tenants stated the activities offered are good but they thought more could be offered. Tenants stated they feel safe in the program, they participate in fire drills and are aware of exits. Tenants make their own decisions without restriction and come and go as they please. Tenants state medical services are appropriate with staff response and physician or emergency medical services notified. Tenants are generally satisfied with the program and would recommend it to family and friends.

Program History – There were no substantiated Regulatory Insufficiencies during this certification period.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

- Monitoring Observation: Tenant #1, a 91 year old was admitted to the program 02-03-06 with diagnoses including: Degenerative Arthritis, Depression, Irritable Colon and Atrial Arrhythmias. Review of the tenant's record reveals nurse's notes dated 05-21-08 indicating the tenant had sustained a fall while on vacation with family members resulting in a fractured left humorous and placement of an immobilizer. The record also contained a physician's order dated 06-25-08 changing the immobilizer to a sling for the next two weeks. The record contained no documentation of functional, cognitive or health evaluations with the change in health status.

  Tenant #2, an 82 year old was admitted to the program 01-23-08 with a diagnoses including a History of Colon Cancer. Review of the tenant's record reveals no documentation of an evaluation of cognitive status within 30 days of occupancy.

  Tenant #3, a 91 year old was admitted to the program 10-01-08 with diagnoses including: Coronary Artery Disease, Hypertension, Degenerative Joint Disease, Pulmonary Fibrosis, Chronic Renal Insufficiency and Glaucoma. Review of the tenant's record reveals no documentation of cognitive evaluation until 10-07-08.

- Regulatory Insufficiency: The program did not consistently evaluate each proposed tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy in order to determine the tenant's eligibility for the program, including whether services needed can be provided. (25.23(1))

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(2))

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

Monitoring Observation: Review of the record for Tenant #1 reveals nurse's notes dated 05-21-08 indicating the tenant had sustained a fall while on vacation with family members resulting in a fractured left humorous and placement of an immobilizer. The record also contained a physician's order dated 06-25-08 changing the immobilizer to a sling for the next two weeks. The record contained no documentation of service plan update with the change in health status. The service plan dated 02-26-08 was not based on evaluation as the cognitive evaluation had not been completed until 03-26-08.

The 30 day service plan for Tenant #2, dated 02-23-08, was not based on evaluations as the tenant's record contained no documentation of an evaluation of cognitive status within 30 days of occupancy.

The initial Service plan for Tenant #3, dated 09-29-08 was not based on evaluation as the record contained no documentation of cognitive evaluation until 10-07-08.

- Regulatory Insufficiency: The program did not consistently develop a service plan for each tenant based on evaluations conducted in accordance with 25.23(1) and 25.23(2), and designed to meet the specific service needs of the individual tenant. (25.28(1))

- Regulatory Insufficiency: The program did not consistently ensure when a tenant needs personal care or health related care, the service plan would be updated within 30 days of occupancy and as needed. (25.28(3))

C. 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: Review of four of four personnel files revealed no documentation of annual in-service training on food protection. The program had no documentation of at least one person directly responsible for food preparation having successfully completed a state approved food protection program.

Staff #1, a universal worker with a hire date of 11-25-05, had no documentation of annual in-service training on food protection.

Staff #2, a universal worker with a hire date of 01-31-07, had no documentation of annual in-service training on food protection.

Staff #3, a universal worker with a hire date of 05-09-07, had no documentation of annual in-service training on food protection.

Staff #4, a universal worker with a hire date of 09-13-07, had no documentation of annual in-service training on food protection.

Interview with the program director reveals the program has not conducted an annual in-service on food protection since 2005. None of the staff directly responsible for food preparation has completed a state approved food protection program.

- Regulatory Insufficiency: The program did not consistently ensure that 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, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. At a minimum, one person directly responsible for food preparation shall have successfully completed a state-approved food protection program.

Dated this 19th day of November, 2008.