Iowa Department of Inspections and Appeals
Assisted Living Program
Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 8065**

Gary Durden
Premier Estates
1510 S. Carroll Avenue
Rock Rapids, IA 51246

Date of Investigation:

December 16, 2004

Monitor(s):

Hal L. Chase RN BSN MPH

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 26.2(5)(a)]. 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 Complaint Investigation Report. Depending on the circumstances, DIA may re-visit 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 321 IAC - chapter 25 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 special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Premier Estates on December 16, 2004. 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:	27
Current number of tenants with cognitive disorder:	
Total Population:	27

Dementia-Specific Program (DSP) **– Not applicable.**

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

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

Complaint Allegation: It is alleged the program did not provide latex or non-latex gloves to staff when injury(s) occurred involving exposure to blood borne pathogens.

- Monitoring Observation: Staff interviews revealed that gloves were not always available to use when an injury occurred and exposure to blood borne pathogens was present. There was a box of gloves located in the medication room.

- Regulatory Insufficiency: None noted.

Dated this 22nd of December, 2004