IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 2, 2009

**Complaint #22178-C**

Kathy Schriner, Director
Calvin Community Assisted Living
4210 Hickman Road
Des Moines, IA 50310-3395

**RE: Complaint Investigation Report, Calvin Community Assisted Living, Des Moines, IA**

Dear Ms. Shriner:

Enclosed is the **Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with the Code of Iowa, section 231C 7, Iowa Administrative Code, chapter 25, pertaining to assisted living programs and, chapter 26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

A copy of the monitor's **Complaint Investigation Report** is enclosed for your information and as a record of the result of this investigation.

If you have any questions regarding this Report, please contact me at 515-281-5003

Sincerely,
Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

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

**Assisted Living Program:** **Complaint Intake: #22178-C**

Kathy Schriner, Director
Calvin Community Assisted Living
4210 Hickman Road
Des Moines, IA 50310-3395

**Date of Investigation:**

March 24, 2009

**Monitor(s):**

Vickie Clingan, RN, 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 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 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 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 Calvin Community Assisted Living on March 24, 2009 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 but may have tenants without cognitive disorder

| | |
|---|---|
| Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS): | 14 |
| Current number of tenants without cognitive disorder | 79 |
| Total Population: | 93 |

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

**Accreditation Status** – Not applicable.

**Program History** – There have been substantiated Regulatory Insufficiencies in the areas of: Service Plan and Medications during this certification period.

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

**A. Staffing** - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: It was alleged that during the course of a medical treatment, a nurse injured a tenant.

- Monitoring Observation: Five staff were interviewed. Staff #1, #2, #4, and #5 stated they were unaware of any tenant being injured during a medical procedure. Staff #3, who assists tenants with showers, stated she had not seen any suspicious bruising on any tenant during showers and had not heard any tenant say they were hurt by a nurse during a medical procedure.

  Three tenant files were reviewed. The progress notes lacked evidence of any tenant being injured during medical treatments.

  Tenant #1 was interviewed and claimed he/she had some discomfort during a straight catheter procedure, but it didn't hurt or bother him/her too much. He/she also admitted to having a bruise later where the nurse had pushed, but also stated he/she definitely bruised easily

- Regulatory Insufficiency: None noted.

Dated this 2nd day of April, 2009