IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 5, 2009

Incident #24633-I

Joni L. Fahrenkrog, Manager
Grand Haven
201 E Franklin St
Eldridge, IA 52748-1311

RE: Incident Investigation & Recertification Report, Grand Haven, Eldridge, IA

Dear Ms. Fahrenkrog:

Enclosed is the **Incident Investigation & Recertification Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

The review of the recertification documents you submitted has been completed and 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 **#S0260** with effective dates of **July 27, 2009** through **July 26, 2011.** This certificate must be posted in the building for public viewing.

If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Incident Investigation and Recertification Report

Assisted Living Program: **Incident Intake #: 24633-I**

Joni L. Fahrenkrog, Manager
Grand Haven
201 E Franklin St
Eldridge, IA 52748-1311

Date of Incident Investigation:

September 29, 2009

Monitor(s):

Joyce Kix, 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 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 an Incident Investigation or Recertification 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:

An on-site recertification visit and an incident investigation were conducted at Grand Haven on September 29, 2009. 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:	71
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	72

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	8
Total Census of ALP:	80

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

Accreditation Status – Not applicable.

Tenant/Family Satisfaction Results – A community meeting was held with 21 tenants in attendance. Tenants reported Grand Haven was a fantastic place to live with polite, well trained staff. They stated the food was good, they felt safe, had plenty of activities offered with the exception of weekends and would recommend the program to family and friends.

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

Incident Investigation – The investigator made the observations detailed in the following areas.

On-Site Monitoring Evaluation – The monitor made the observations detailed in the following areas: **There were no Regulatory Insufficiencies noted during this on-site re-certification evaluation.**

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.

Incident Allegation: The program reported that a tenant complained of right foot pain with morning cares on 8-2-09. The tenant could not recall how the fall had occurred. Upon examination at the emergency room (ER) later that day, a fracture of the 5th metatarsal was identified.

Monitoring Observation: Tenant #1, 87 years old, was admitted on 3-23-09 and diagnoses include: Osteoporosis, Hyperlipidemia, Chronic Urinary Tract Infections (UTI), and Cataracts. The tenant was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline.

According to an incident report, the tenant fell on 7-18-09 and sustained an injury to the wrist. The injury was initially thought to be a sprain but upon re-x-ray on 7-24-09, it was found to be a fracture of the right ulna and it was casted. A nurse review of 7-25-09 indicated the tenant remained independent with activities of daily living and reported only mild pain, no changes were needed to the service plan. An incident report dated 8-2-09, indicated the tenant reported falling in his/her room with pain in the right foot. Upon examination in the ER, the 5th metatarsal was found to be fractured and the foot was casted. The program completed evaluations and updated the service plan with necessary changes.

Staff #1 and #2 did not identify any tenants that exceeded the appropriate level of care. They stated staffing was sufficient to the meet the needs of the tenants and none of the tenants had complained regarding a lack of help.

The tenant's evaluations and service plan were updated appropriately and the incidents were appropriately reported to the Department of Inspections and Appeals.

- Regulatory Insufficiency: None noted.

Dated this 5th day of October, 2009.