IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Certified
Complaint: #25454-C

November 18, 2009

Kylie Newhard, Administrator
Waterford of Ames Assisted Living
1325 Coconino Road
Ames, IA 50014-7842

RE: Complaint Investigation Report, Waterford of Ames, Ames, IA

Dear Ms. Newhard:

Enclosed is the **Complaint Investigation 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.**

If you have questions, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau
Connie.Schaffer@dia.iowa.gov

Enclosure

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

Assisted Living Program: **Complaint Intake #: #25454-C**

Kylie Newhard, Administrator
Waterford of Ames Assisted Living
1325 Coconino Road
Ames, IA 50014-7842

Date of Investigation:

November 2, 2009

Monitor:

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 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 Waterford of Ames Assisted Living on November 2, 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):	7
Current number of tenants without cognitive disorder:	54
Total Population:	61

***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 no Regulatory Insufficiencies during this recertification period.

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

A. 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]

Complaint Allegation: It was alleged the tenants were not being fed the meals that met nutritional requirements.

- Monitoring Observation: The menu approved by US Foods was provided to each tenant for their individual selection weekly. If the starred items were chosen, the menu provided 100 per cent of the recommended daily requirement. A menu was provided to each tenant daily for breakfast. Observation of the noon meal on 11-2-09 revealed tenants were provided alternates and adequate amounts of the food they had selected. During a community meeting, 22 tenants reported they got enough to eat. Review of the resident council concerns regarding food revealed no concerns with quantity of food. The Dietary Manager stated that there had been no complaints of not getting enough food.

- Regulatory Insufficiency: None noted

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

Complaint Allegation: It was alleged that tenants were served freezer burnt food that was not palatable.

- Monitoring Observation: During a tour of the kitchen completed 11-2-09, frozen food including meat was observed to be at the proper temperature and frozen solid. A community meeting was held with 22 tenants present. They reported the food was "OK" and the meat was usually tender but often had too much breading. During the noon meal on 11-2-09, the tenants were observed to eat most of the food on their plates. After the tenants were served, the monitor tasted the food. It was found to be hot and had good flavor.

- Regulatory Insufficiency: None noted

Dated this 18th day of November, 2009.