IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

November 19, 2009

Eldrid Kingery, President & C.E.O
Calvin Community Assisted Living Program
4210 Hickman Rd
Des Moines, IA 50310-3333

RE: I. Final Recertification Monitoring Evaluation Report, Calvin Community Assisted Living Program, Des Moines, IA
II. Appeals/Hearings
III. Civil Penalty
IV. Standard Certification
V. Conclusion

Dear Mr. Kingery:

I. Final Recertification Monitoring Evaluation Report, Calvin Community Assisted Living Program, Des Moines, IA

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C, 321 Iowa Administrative Code chapter 25 (pertaining to assisted living programs), and 321 Iowa Administrative Code chapter 26 (pertaining to monitoring, civil penalties, and complaints). The report notes Regulatory Insufficiency in the area of Structural Requirements. Calvin Community Assisted Living Program (the Program) is being assessed a $500.00 civil penalty.

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information.

II. Appeals/Hearings

The Program may appeal the DIA decision in accordance with 321 Iowa Administrative Code rule 26.4, within 30 days of notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to 481 Iowa Administrative Code chapter 10. If the Program appeals, the civil penalty will be suspended, pending appeal process.

III. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 231C.14. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send written notice to the Certification Coordinator and remit the penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325.00) within 30 business days after the receipt of this demand letter.

IV. Standard Certification

Also enclosed you will find the Assisted Living Program Certificate with effective dates of **August 24, 2009 through August 23, 2011**.

V. Conclusion

The Program is being assessed a $500.00 civil penalty. DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal or request a hearing on the final findings, the Program may do so within 30 days of this letter.

If you have any questions regarding this certification, please contact your Certification Coordinator, Connie Schaffer, at 515-281-5003.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Eldrid Kingery, President & C.E.O
Calvin Community Assisted Living Program
4210 Hickman Rd
Des Moines, IA 50310-3333

Date of Monitoring Visit:

October 21, 2009

Monitor(s):

Hal L. Chase, RN BSN MPH
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 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 Calvin Community Assisted Living Program on October 21, 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:	75
Current number of tenants with cognitive disorder:	8
Total Population of GPP:	83

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

Total Population of DSP:	4
Total Census of ALP:	87

***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 43 tenants in attendance. Tenants stated the program was a nice place to live and no improvements were needed. Staff were polite and courteous and they are trained to provide the services tenant's need. Tenants stated they liked the food and the program offers "great variety." Foods are served hot and no one had any complaints. One tenant suggested if tenants have concerns they needed to write their concerns down and give to a member of the resident council and they would act on their concerns. Tenants stated there are enough activities but would like to see more Bingo offered. Tenants stated they felt safe and were getting the services they expected and needed. Tenants stated they make their own decisions and receive the nursing services needed when they are ill. Tenants stated they are satisfied with the program and would recommend the program to their friends.

Program History – There have been no substantiated Regulatory Insufficiencies during this recertification period.

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

A. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

Monitoring Observation: The dementia unit currently has four tenants with three tenants having a GDS of four or greater residing in the unit. During a tour of the dementia unit, a monitor noted the door to the kitchen area was unlocked, allowing tenants access to the kitchen area. On the counter was a four burner coffee maker with a built in hot water tap. Two pots of coffee were on the bottom two burners and the burners were on. To the right of the coffee pot a toaster was plugged in for use. In one of the unlocked kitchen drawers above the coffee pot was a serrated kitchen knife. Directly behind the kitchen door was a steam table with four tray compartments. The steam table was on and one of the tray compartments had hot water in it and steam was rising. A metal cover over the compartment that was on was extremely hot to touch. No other covers were used.

Monitors observed a housekeeping cart adjacent to a tenant's room was left unattended and out of direct sight of the housekeeper. On the top of the cart, in a small cardboard box was a pair of scissors. A monitor observed and unlocked cupboard above the nurse's desk contained over the courter medications; Tums, Multivitamins, Vitamin C and a small bottle of nail polish. The nurse's desk was unlocked and a drawer contained a pair of scissors.

Staff #1 was present in the dementia unit stated the door to the kitchen was usually left open, even when staff were not within visual sight of the kitchen; when staff have assisted tenants in their apartment. The dietary manager stated the door to the kitchen is usually open and will often be left unattended and the coffee pot is usually on for most of the day. A monitor noted the hot water tap on the coffee pot does work and provides hot water for use.

- Regulatory Insufficiency: The program did not provide building and grounds that are well-maintained, clean, safe and sanitary. (25.40 (1)(b))

Dated this 16th day of November, 2009.