IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 8, 2010

Complaint #27930-C

Jody Thomas, RN Administrator
Melrose Meadows Retirement Community
350 Dublin Drive
Iowa City, IA 52246-6013

RE: Final Complaint Investigation Report, Melrose Meadows Retirement Community, Iowa City, IA

Dear Ms. Thomas:

Enclosed is the **Final Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) and Iowa Administrative Code, chapters 481—67 and 69. **No Regulatory Insufficiencies were identified.**

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

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 27930-C**

Jody Thomas, RN Administrator
Melrose Meadows Retirement Community
350 Dublin Drive
Iowa City, IA 52246-6013

Date of Investigation:

May 24, 2010

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Melrose Meadows on May 24, 2010. In preparing this report, the following information was considered:

Current Program Census

General Population Program (GPP)* – A program that does not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	24
Current number of tenants with cognitive disorder:	0
Total Population:	24

Dementia Specific Program (DSP)* – Not applicable.

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

Program History – There was a substantiated Regulatory Insufficiency at the recertification visit in the area of Medications.

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

A. Criteria for Exclusion of Tenants

Complaint Allegation: It is alleged that tenants of the assisted living area wander wherever they want without supervision.

Monitoring Observation: A review of the tenant list and files revealed that none of the tenants residing in the assisted living were scored above a three on the Global Deterioration Scale (GDS). A score of four on the GDS would indicate moderate cognitive decline and a need for the program to include service plan interventions for the safety of tenants.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint Allegation: It is alleged that there is only one licensed practical nurse in the assisted living apartment from 5 p.m. to 8 a.m.

Monitoring Observation: According to the staff schedule for the months of March and April 2010, the program staffs at least one person, either a nurse or medication manager, 24 hours each day.

- Regulatory Insufficiency: None noted.

Dated this 8th day of June, 2010.