IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake: 29737-C

October 8, 2010

Ms. Susan Meyer, Administrator
Keystone Senior Suites
251 6th Street
Keystone, IA 52249

RE: Final Complaint Investigation Report – Keystone Senior Suites, Keystone, IA

Dear Ms. Meyer:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of October 7, 2010, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 29737-C**

Susan Meyer, Administrator
Keystone Senior Suites
251 6th St
Keystone, IA 52249

Date of Investigation:

October 7, 2010

Monitor(s):

Stephanie Cummins, 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. 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 Keystone Senior Suites on October 7, 2010. In preparing this report, the following information was considered:

Current Program Census

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

Current number of tenants without cognitive disorder:	9
Current number of tenants with cognitive disorder:	0
Total Population:	9

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 – The program received a regulatory insufficiency in the area of Evaluation during the current certification period.

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

A. Staffing

Complaint Allegation: It was alleged a tenant fell hit his/her head and the tenant's family was not notified. It was alleged the tenant also complained of hip pain. It was alleged the tenant used a wheelchair and the nurse did not assess the tenant. It was alleged two tenants had wounds that were not being treated and one of the tenants used a wheelchair. It was alleged a tenant hid his/her medications and the nurse put the medications into the sharps container. It was alleged the tenants were neglected and did not receive the care they were promised.

- Monitoring Observation: The program provided a list of current tenants and discharged tenants for the past six months. None of the tenants named in the complaint were current tenants or discharged tenants in the past six months. The program provided a current staff list. The staff member named in the complaint was not on the current staff list.

  There were no incident reports from June 2010 to the time of the complaint investigation. The program did not assist any tenants with medication administration or activities of daily living (ADLs). The tenants did not require any wound care and were not wheelchair bound.

- Regulatory Insufficiency: None noted.

Dated this 7th day of October, 2010.