IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

RODNEY A. ROBERTS, DIRECTOR

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

**Complaint Intake #: 29720-C**
**30289-C**

February 9, 2011

Jenny Knust, Administrator
Wesley Grand Central Assisted Living
3520 Grand Avenue
Des Moines, IA 50312

**RE: Final Complaint Investigation Report – Wesley Grand Central Assisted Living, Des Moines, IA**

Dear Ms. Knust:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of February 3, 2011, 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 #: 29720-C**
**30289-C**

Jenny Knust, Administrator
Wesley Grand Central Assisted Living
3520 Grand Ave.
Des Moines, IA 50312

**Date of Investigation:**

February 3, 2011

**Monitor(s):**

Hal L. Chase, RN BSN MPH

**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 Wesley Grand Central Assisted Living on February 3, 2011. 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: | 45 |
| Current number of tenants with cognitive disorder: | 0 |
| Total Population: | 45 |

***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 did not receive any regulatory insufficiencies during this certification period.

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

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

## A. Structural requirements

Complaint Allegation #30289-C: It was alleged the program did not handle the sale and refund of a unit in the assisted living program.

- Monitoring Observation: A review of program records indicated the tenant resided in the independent living program and was never a tenant in the assisted living program. The Department has no regulatory over site of independent living programs.

- Regulatory Insufficiency: None noted.

## B. Other

Complaint Allegation #29720-C: It was alleged the basement of the program was very hot and vegetables stored there may explode. Storage areas where tenants store items was a fire hazard. Tenants reside in the basement and apartments are available for guests to stay when visiting family. The hallway is "very narrow," and it would be hard to get out if there was an emergency.

- Monitoring Observation: A review of program records indicated the building houses the assisted living program and an independent living program. Individuals residing in the basement are residents of the independent living program. The State Fire Marshall completed an onsite inspection on 1-26-10 and did not cite any concerns regarding the configuration of the storage areas and hallways in the basement or concerns of independent residents residing in the basement.

  A review of program records indicated the program has an evacuation plan for a fire, emergency and disasters for the entire campus. The assisted living program has an "area specific" fire and evacuation policy and procedure. A review of program records indicated the program completed five fire drills between 7-22-10 and 1-20-11.

  Maintenance staff stated the basement temperature was 78 degrees Fahrenheit at the time of this inspection and the basement temperature was consistent throughout the winter months. The basement houses the wellness center, a thrift shop, lockers and a staff dining room. There are storage areas for tenants who resided in the independent and assisted living program and the storage areas were clean and neat and the hallways adjacent to the storage areas were kept clean and free of any obstacles. A resident from the independent living program resided in a basement apartment, but the apartment was located in the independent living portion of the building. The basement has automatic sprinklers and the hallways throughout the basement are clean, free of obstruction, well lighted and have exit signs at all exits.

  A monitor completed a visual inspection of the storage areas and found them clean, neat and organized and each storage area was locked.

- Regulatory Insufficiency: None noted.

Dated this 3rd day of February, 2011.