IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 1, 2011

Jenny Knust, Administrator
John's Harbor Memory Loss Center
3520 Grand Avenue
Des Moines, IA 50312

RE: Final Recertification Monitoring Evaluation Report – John's Harbor Memory Loss Center, Des Moines, IA

Dear Ms. Knust:

Enclosed is the **Final Recertification Monitoring Evaluation Report** 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.

DIA has completed the review of your Plan of Correction (POC) and your Request for Reconsideration in response to the **Final Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. Based on the information provided in the Request for Reconsideration, DIA denies your request as it relates to Structural Requirements. The fine has been rescinded.

Enclosed you will find the Assisted Living Program Certificate **S0117** with effective dates of **June 21, 2011** through **June 20, 2013**.

If you have any questions in regard to this certification, 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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Jenny Knust, Administrator
John's Harbor Memory Loss Center
3520 Grand Avenue
Des Moines, IA 50312

Date of Monitoring Visit:

June 27, 2011

Monitor(s):

Hal L. Chase, BSN, MPH
Margaret Kaltefleiter, RN
Ann Martin, 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 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 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:

An on-site monitoring evaluation was conducted at John's Harbor Memory Loss Center on June 27, 2011. 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 dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP	15

***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 not held due to the tenants' cognitive status. Monitors made visual observations during the day and noted staff was attentive to the each of the tenant's needs. Staff was engaged with tenants in a variety of activities throughout the day. Staff provided one-on-one activities for those tenants who did not participate in group activities.

A tenant's family member was interviewed and reported liking the home-like environment and the building and grounds were clean, safe and sanitary. Housekeeping and laundry services were consistently done to a high standard, nursing services were available when needed and the Nurse notified family with changes in medication, care needs and when the Tenant wasn't feeling well. The Tenant's apartment had been too warm, but maintenance staff was working on correcting the problem. The food was good and the Tenant liked the variety of meats, vegetables and fruits offered. Staff continually addressed the concern of the Tenant's poor appetite and would prompt the Tenant to eat. There was a variety of activities offered and staff was attentive in finding activities the Tenant liked. Family reported they felt the Tenant was safe and e would recommend the program to anyone.

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.

A. Structural requirements

Monitoring Observation: Visual inspection of the dementia unit revealed two water bath food-warmers had been placed on a table in the center of the dining room. The Nurse reported both food-warmers were turned on one-half hour before each meal was served, in order to keep the food hot. A bread toaster, which was plugged into an electrical outlet, had been placed adjacent to the food warmers. All three appliances were accessible to tenants. The Nurse and Staff #1 and #2 reported staff may not be present when these items were in use.

- Regulatory Insufficiency: The buildings and grounds shall be well-maintained, clean, safe and sanitary. (IAC r. 481-69.35(1)(b))

Dated this 21st day of July, 2011.