IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 3, 2011

Complaint Intake: 33391-C

Mike Steinkruger, Administrator
Keystone Senior Suites
251 6th Street
Keystone, IA 52249

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

Dear Mr. Steinkruger:

Enclosed is the **Final Complaint Investigation and Recertification 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. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0018** with effective dates of **June 30, 2011** through **June 29, 2013**.

If you have any questions regarding 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 Complaint Investigation and Recertification Report

Assisted Living Program:

Mike Steinkruger, Administrator
Keystone Senior Suites
251 6th St.
Keystone, IA 52249

Complaint Intake #:

33391-C

Date of Investigation:

May 24, 2011

Monitor(s):

Joyce Kix, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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. [481 IAC 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 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, 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 was conducted at Keystone Senior Suites on May 24, 2011. In preparing this report, the following information was considered:

Current Program Census

Assisted Living Programs are defined by the type of population served. **Note**: The census numbers were provided by the Program at the time of the on-site.

General Population Program – A Program that is not Dementia-Specific, but may have tenants with cognitive disorder.

Number of tenants without cognitive disorder:	12
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	12

Accreditation Status – Not applicable

Tenant/Family Satisfaction Results – A community meeting was held with ten tenants. They reported they liked everything at the program. The tenants said the nurse was available when needed and staff responded to calls within five minutes. There were some concerns mentioned regarding food not always being hot when served. All present reported they felt safe at the program and would recommend it to others.

Program History – There have been no regulatory insufficiencies in the past certification period.

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

A. Service Plan

Complaint Allegation: It was alleged that tenant service plans were not individualized.

- Monitoring Observation: The registered nurse at the program had attended assisted living manager training in April and had reviewed and updated all the tenants' service plans at that time. Only one tenant received services from the program staff. The service plan appropriately addressed all services provided.

- Regulatory Insufficiency: None noted.

B. Food Service

Complaint Allegation: It was alleged that food temperatures were not hot enough.

- Monitoring Observation: Observation of noon meal on 5-24-11 revealed the food was served from an electric steam table into family style bowls and the tenants then served themselves. The food was not steaming and the monitor tasted the food which was not hot. The cook reported the food temperature had tested at 170 degrees in the kitchen.

  During interview, the tenants reported that food was not always hot when served but the program had been attempting to address the concerns by serving the assisted

living tenants 15 minutes earlier. There was a microwave available for use by the tenants to warm the food.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint Allegation: It was alleged that staff did not have pre-employment physicals, lacked training on MSDS (Material Safety Data Sheets for chemicals) used in the program and staff were not current on Mandatory Abuse Reporter Training.

- Monitoring Observation: There are no regulations requiring the necessity for pre-employment physicals or MSDS availability information. Two staff files reviewed revealed current mandatory adult abuse training.

- Regulatory Insufficiency: None noted.

D. Dementia-Specific Education for Program Personnel

Complaint Allegation: It was alleged that staff did not have appropriate dementia training.

- Monitoring Observation: Review of the program census revealed no tenants with cognitive dysfunction. The program is not required to have training unless it becomes dementia-specific.

- Regulatory Insufficiency: None noted.

E. Life Safety

Complaint Allegation: It was alleged that fire drills were not completed as required.

- Monitoring Observation: The State Fire Marshal's representative visited 5-16-11 and cited a problem with emergency evacuation drills. The program will provide a plan of correction to that office.

- Regulatory Insufficiency: None noted.

There were no regulatory insufficiencies identified during the recertification survey.

Dated this 31st day of May 2011.