

TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 28, 2011

Mr. Daniel Collins, Manager
Grand Haven Retirement Community
201 East Franklin Street
Eldridge, IA 52748

RE: Final Recertification Monitoring Evaluation Report – Grand Haven Retirement Community, Eldridge, IA

Dear Mr. Collins:

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) in response to the Preliminary Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents 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 **S0260** with effective dates of **July 27, 2011** through **July 26, 2013**.

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INVESTIGATIONS
(515) 281-5714
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If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

**Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report**

Assisted Living Program:

Daniel Collins, Manager
Grand Haven Retirement Community
201 East Franklin St.
Eldridge, IA 52748

Date of Monitoring Visit:

June 27, 2011

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 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 Grand Haven Retirement Community 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 a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS : 8

Current number of tenants without cognitive disorder: 59

Total Population: 67

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP: 12

Total Census of ALP: 79

***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 with over 40 tenants was held. They reported it was a nice place to live and housekeeping services were provided to their satisfaction. Maintenance issues were addressed promptly and building and grounds were clean, safe and sanitary. Staff responded promptly when they called for assistance and nursing services were available. The tenants stated staff treated them great, excellent and wonderful. They received the services requested and there were no concerns with staff. They liked the food and received a good variety of meats, vegetables and desserts. Hot foods were served hot and cold foods were served cold. They did not offer any improvements for the food. There were enough activities offered and they enjoyed mystery bus trips, outings and musical activities. They received weekly and monthly activity calendars. More activities on weekends were requested. The availability of transportation on weekends was also requested. The tenants felt safe and made their own decisions. They were satisfied and would recommend the Program to others.

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. Transportation

Monitoring Observation: The Program had three vehicles that were used for transportation. The bus was inspected and seat belts were not available for ambulatory passengers.

- Regulatory Insufficiency: When transportation services are provided directly or under contract with the program: Vehicles shall have adequate seat belts and securing devices for ambulatory and wheelchair-using passengers.
(IAC r. 481-69.33(3))

Dated this 28th day of July, 2011.