IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 16, 2011

Kathy Shriner, Director
Calvin Community Assisted Living
4210 Hickman Road
Des Moines, IA 50310

RE: Final Recertification Monitoring Evaluation Report – Calvin Community Assisted Living, Des Moines, IA

Dear Ms. Shriner:

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. **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 **S0057** with effective dates of **August 24, 2011** through **August 23, 2013**.

If you have any questions regarding 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:

Kathy Shriner, Director of Assisted Living Services
Calvin Community Assisted Living
4210 Hickman Road
Des Moines, IA 50310

Date of Monitoring Visit:

June 28 and 29, 2011

Monitor(s):

Margaret Kaltefleiter, RN MS
Ann Martin, RN
Lori Miner, RN BSN

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 Calvin Community Assisted Living on June 28 and 29, 2011. In preparing this report, the following information was considered:

Current Program Census:

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

Current number of tenants without cognitive disorder:	58
Current number of tenants with cognitive disorder:	6
Total Population of GPP:	64

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

Total Population of DSP:	13
Total Census of ALP:	77

***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 held with 16 tenants. They stated staff was caring, considerate and always cheerful. Some tenants stated housekeeping services were completed better when the tenant was present in the room, others stated there were no problems with housekeeping and one tenant felt communication was ignored by one housekeeper. Buildings and grounds were well maintained and maintenance responded promptly when needed. Nursing services were available when needed. Staff responded within five minutes when called. Tenants stated they received all services expected and sometimes even more than requested. Care provided to tenants was good and staff treated them wonderfully. The staff was well trained and knew what services to provide. Tenants did not always like the food but stated a good variety of meats, vegetables and desserts was offered. Sometimes hot foods were served cold. No complaints regarding food were reported. Tenants stated there were plenty of activities. Tenants stated they felt safe, were satisfied with the services, made their own decisions and would recommend the program to others. Tenants liked the fact that everything needed was offered on one campus. One tenant stated dissatisfaction with beauty shop hours, stating regular hours were not maintained. No other suggestions were offered for improvement.

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. **There were no regulatory insufficiencies found during this onsite recertification monitoring evaluation.**

Dated this 8th day of July, 2011.