IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 35448-C

August 26, 2011

Pat Long, Administrator
3801 Grand Assisted Living
3801 Grand Avenue
Des Moines, IA 50312

RE: Final Complaint Investigation Report – 3801 Grand Assisted Living, Des Moines, IA

Dear Ms. Long:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of August 17, 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

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Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program: **Complaint Intake #:** 35448-C

Pat Long, Administrator
3801 Grand Assisted Living
3801 Grand Ave.
Des Moines, IA 50312

Date of Investigation:

August 17, 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 3801 Grand Assisted Living on August 17, 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 :	16
Current number of tenants without cognitive disorder:	34
Total Census of ALP:	50

***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.

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

A. Service Plan

Complaint Allegation: It was alleged Tenant #1 (the Tenant) had sores on his/her buttocks, needed assistance out of bed and required repositioning to prevent bed sores. The Tenant was not fed enough by staff and was often hungry.

Monitoring Observation: Three tenant files were reviewed. Tenant #1, (the Tenant), a 103 year old, was admitted on 10-25-10 and had diagnoses of: Macular Degeneration, Dementia, Anxiety – Fear of Dying and Arthritis. A cognitive evaluation was completed on 4-4-11 and staged the Tenant at five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. The Tenant resided in the dementia unit. Nurse's notes of 4-1-11 revealed the Tenant was found on the floor and reported he/she had fallen on his/her way back from the bathroom. The Tenant denied pain and no bruising was noted. On 4-2-11, the Tenant complained of right leg pain and had difficulty breathing. Staff contacted the Nurse and staff was directed to contact the Tenant's family. The Tenant was taken to a hospital emergency room and returned the morning of 4-3-11. Hospital emergency room notes indicated pelvic and chest x-rays were taken and noted no fracture. The hospital history and physical evaluation noted no open sores or the need to assist with repositioning or assistance with eating.

Nurse's notes of 4-4-11, indicated the Tenant's physician authorized hospice care. The Tenant was evaluated and admitted to hospice on 4-4-11, with diagnoses of: Debility, Senile Dementia and Hypertension. Functional, cognitive and health evaluations and the updated service plan of 4-4-11 indicated the Tenant needed assistance with activities of daily living (ADLs), hospice care, but was independent with eating, transfer and used a wheelchair for mobility. Nurse's notes of 4-1-11

through 7-26-11 noted no open sores or history of open sores, the need to reposition or the need to assist the Tenant with eating. A nurse review completed on 7-21-11 indicated the Tenant had a poor appetite with meals, required staff assist with ADLs and would transfer himself/herself from bed to toilet.

Three staff were interviewed by a monitor. Staff #1, #2 and #3 reported the Tenant had no open sores and did not need assistance with repositioning. The Tenant could stand, bear weight and transferred with the assist of one staff. Staff #2 and #3 reported the Tenant could transfer independently at times. Staff #1, #2 and #3 reported the Tenant came to all meals, ate independently and usually ate 50% to 75% of his/her meal.

A monitor observed cares given and observed the Tenant during the noon meal. Staff assisted the Tenant to the bathroom. The Tenant was able to bear weight and transferred from the wheelchair to the toilet with the assist of one staff. No open sores were noted on the Tenant's buttocks, back or lower extremities. The Tenant was observed during the noon meal and ate independently. The Nurse reported kitchen staff will often cut up the meat item before serving, as it helped the Tenant with eating.

- Regulatory Insufficiency: None noted.

Dated this 17th day of August, 2011.