IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 36599-C

November 29, 2011

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

RE: Final Complaint/Incident Investigation Report – Grand Haven Retirement Community, Eldridge, IA

Dear Mr. Collins:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 16, 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 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

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

Complaint/Incident Intake #: 36599-C

Date of Complaint/Incident Investigation:

November 16, 2011

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

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.

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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

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

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	65
Number of tenants with cognitive disorder:	9
Total Population of Program at time of on-site	74

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	9
Total Population of Program at time of on-site	11
TOTAL census of Assisted Living Program	85

Program History – The program received regulatory insufficiencies during this certification period in the area of transportation.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Tenant Rights

Complaint/Incident Allegation: It was alleged a tenant was afraid of a staff member and management was aware and had not responded appropriately.

- Monitoring Observation: Three tenants were interviewed. The tenants reported they were treated appropriately by staff. The tenants did not report any concerns with staff being intimating or abusive and they felt safe. One tenant reported he/she had an issue with a staff member and said he/she had gone to management and the issue was resolved. The tenant elected not to discuss the specifics of the issue with the monitors but said it was handled by management staff and there were no additional concerns. The tenants felt they could go to management with any concerns.

  Staff #1 and Staff #2 stated none of the staff had been verbally or physically aggressive towards tenants. Staff #1 and Staff #2 said tenants were treated appropriately by staff. Staff #1 and Staff #2 said they could go to management with concerns and management followed up.

The Manager and the Director of Nursing (DON) said none of the staff had been abusive or intimidating towards tenants or staff. The Manager and the DON said tenants and staff could come to management staff with concerns and they would follow up.

The DON stated Tenant #1 had a personality clash with Staff #3. After the personality clash was reported to management Staff #3 was moved from providing care in the dementia unit to providing care in the general population and was told to stay away from the tenant. Staff #3 resigned effective 11-12-11.

The Resident Meeting minutes for the past three months were reviewed and did not indicate any concerns with staff.

Staff #1, #2 and #3 had appropriate dementia and dependent adult abuse training.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged a staff member was verbally inappropriate towards tenants. It was alleged tenants did not want a staff member to provide cares.

- Monitoring Observation: Three tenants were interviewed. The tenants reported they were treated appropriately by staff. The tenants did not report any concerns with staff being intimating or abusive and they felt safe. One tenant reported he/she had an issue with a staff member and said he/she had gone to management and the issue was resolved. The tenant elected not to discuss the specifics of the issue with the monitors but said it was handled by management staff and there were no additional concerns.

  Staff #1 and Staff #2 stated none of the staff had been verbally or physically aggressive towards tenants. Staff #1 and Staff #2 said tenants were treated appropriately by staff.

  The Manager and the DON said none of the staff had been abusive or intimidating towards tenants or staff.

  The DON stated Tenant #1 had a personality clash with Staff #3. After the personality clash was reported to management Staff #3 was moved from providing care in the dementia unit to providing care in the general population. Staff #3 resigned effective 11-12-11.

  The Resident Meeting minutes for the past three months were reviewed and did not indicate any concerns with staff.

  Staff #1, #2 and #3 had dementia and dependent adult abuse training.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged tenants and staff was intimidated by a staff member.

- Monitoring Observation: Three tenants were interviewed. The tenants reported they were treated appropriately by staff. The tenants did not report any concerns with staff being intimidating or abusive and they felt safe. One tenant reported he/she had an issue with a staff member and said he/she had gone to management and the issue was resolved. The tenant elected not to discuss the specifics of the issue with the monitors but said it was handled by management staff and there were no additional concerns.

  Staff #1 and Staff #2 stated none of the staff had been verbally or physically aggressive towards tenants. Staff #1 and Staff #2 said tenants were treated appropriately by staff. Staff #1 and Staff #2 stated none of the staff had been intimidating towards tenants or staff.

  The Manager and the DON said none of the staff had been abusive or intimidating towards tenants or staff.

  The Resident Meeting minutes for the past three months were reviewed and did not indicate any concerns with staff.

  Staff #1, #2 and #3 had dementia and dependent adult abuse training.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged if tenants complained there were consequences.

Monitoring Observation: Interviews performed with three tenants revealed management dealt with any concerns brought to their attention.

Staff #1 and Staff #2 said they could go to management with concerns and management followed up.

The Manager and the DON said tenants and staff could come to management staff with concerns and they would follow up. The Manager and the DON said there were no consequences if tenants voiced concerns or complaints.

The Resident Meeting minutes for the past three months were reviewed and tenant requests or concerns were addressed.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint/Incident Allegation: It was alleged tenants requested assistance with toileting and was told by a staff member the tenants had just gone and did not need to go again.

- Monitoring Observation: Three tenants were interviewed. The tenants said they were treated appropriately by staff. The tenants received the assistance they requested and staff responded when they called for assistance.

  Staff #1 and Staff #2 said staff treated the tenants appropriately and tenants received toileting assistance as requested. Staff #1 said staff responded in three minutes when tenants called for assistance. Staff #2 said staff responded in less than five minutes when tenants called for assistance.

  The Director said staff treated the tenants appropriately and tenants received toileting assistance as indicated on the service plan. Staff responded to tenant requests for assistance in two to five minutes. The DON said staff treated the tenants appropriately and tenants received toileting assistance as requested. The DON said tenant requests for assistance were answered within ten minutes.

  Staff #1, #2 and #3 had appropriate nurse delegated training on toileting.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged staff did not respond in a timely manner when a tenant used a pendant to call for assistance. It was alleged when tenants asked for assistance a staff member told tenants the staff member would get to it when the staff member could instead of responding in a timely manner.

- Monitoring Observation: Three tenants were interviewed. The tenants said they were treated appropriately by staff. The tenants received the assistance they requested and staff responded when they called for assistance.

  Staff #1 and Staff #2 said staff treated the tenants appropriately and tenants received toileting assistance as requested. Staff #1 said staff responded in three minutes when tenants called for assistance. Staff #2 said staff responded in less than five minutes when tenants called for assistance.

  The Director said staff treated the tenants appropriately and tenants received toileting assistance as indicated on the service plan. Staff responded to tenant requests for assistance in two to five minutes. The DON said staff treated the tenants appropriately and tenants received toileting assistance as requested. The DON said tenant requests for assistance were answered within ten minutes.

  The Program provided pendant response times for the past four months. In August 2011 there were 1624 alarm pendant calls and the average response time was 3.14 minutes. In September 2011 there were 1593 alarm pendant calls and the average response time was 2.54 minutes. In October 2011 there were 1557 alarm pendant calls and the average response time 3.05 minutes.

In November (up until the time of the investigation) there were 687 alarm pendant calls and the average response time was 2.56 minutes.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation: It was alleged a staff member did not transfer tenants appropriately. It was alleged a tenant sustained a bruised or fractured ankle when a tenant's foot was caught in a wheelchair (w/c).

- Monitoring Observation: Three tenant files were reviewed.

  Tenant #1 (the Tenant), an 81 year old, was admitted on 3-29-11 and had diagnoses of Rheumatoid Arthritis, Dementia, Osteoporosis and Gastro Esophageal Reflux Disease. The Tenant was staged at a one on the Global Deterioration Scale (GDS) which indicated no cognitive decline, normal. The Tenant resided in the dementia unit. A service plan completed on 6-3-11 indicated the Tenant had a history of falls and had arthritis in the feet. The Tenant was to request ambulation via a w/c for activities, going to the bathroom and to meals.

  Tenant #2 (the Tenant), a 100 year old, was admitted on 5-1-08 and had diagnoses of Atrial Fibrillation, Renal Insufficiency and Loose Stools. The Tenant was staged a three on the GDS which indicated mild cognitive decline. The Tenant was discharged. The Tenant was admitted to Hospice on 10-25-11. A service plan completed on 10-27-11 indicated the Tenant was unable to ambulate any longer and was now bed bound. Staff repositioned the Tenant every two hours and as needed.

  Tenant #3 (the Tenant), a 95 year old was admitted on 8-4-07 and had diagnoses of Arthritis, Chronic Back Pain, Diverticulitis, Right Humerus Fracture, Pubic Fracture, Sleep Apnea and Dementia. The Tenant was staged a seven on the GDS which indicated very severe cognitive decline. The Tenant resided in the dementia unit and was discharged. A service plan completed on 10-21-11 indicated the Tenant required a w/c for mobility and the Tenant required transfer assistance with one staff member. The Tenant was unable to self propel the w/c and requested staff push the w/c for ambulation. The Tenant had a large bruise on the outside lateral part of the foot as the Tenant had hit the foot on the foot rest of the w/c. The Tenant guarded the foot and staff was directed to pay attention to the left foot when transferring.

  Three tenants were interviewed. The tenants said they were treated appropriately by staff. The tenants received the assistance they requested.

  Staff #1 and Staff #2 said staff treated the tenants appropriately and none of the tenants had their foot or ankle caught in a w/c.

  The Director said staff treated the tenants appropriately and none of the tenants had their foot or ankle caught in a w/c while staff assisted them.

  Incident reports were reviewed for the past three months and did not reveal any incidents of a tenant's ankle or foot being injured due to being caught in a w/c.

The DON stated that she was not aware of any tenant whose foot or ankle had been caught in a w/c. The DON stated Tenant #3 hit the lateral outside of the ankle resulting in a bruise on the outside of the foot and a straight mark on the leg. The injury did not result in a serious injury or fracture and the Tenant was able to bear weight on the foot. A couple days later Tenant #3 stopped bearing weight and Tenant #3's legal representative for health care opted not to purse treatment for the foot.

Staff #1, #2 and #3 had appropriate nurse delegated training on mobility and transfers.

- Regulatory Insufficiency: None noted.