IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 39550-C

June 6, 2012

Mr. Daniel Collins, Administrator
Grand Haven Retirement Community
201 E. 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 June 26, 2012, 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 or **James.Berkley@dia.iowa.gov**

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 **Complaint/Incident Intake #:** 39550-C

Daniel Collins, Administrator
Grand Haven Retirement Community
201 E. Franklin Street
Eldridge, IA 52748

Date of Complaint/Incident Investigation:

June 26, 2012

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.

General Population Program	
Number of tenants without cognitive disorder:	70
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	76
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	10
Total Population of Program at time of on-site	11
TOTAL census of Assisted Living Program	87

Program History – The program received a regulatory insufficiency in the area of Transportation during the past certification period.

Complaint/Incident Investigation – The Complaint/Incident investigators made the observations detailed in the following areas:

A. Staffing

Complaint/Incident Allegation: It was alleged there was not enough staff for all employees to take a break.

- Monitoring Observation: The Administrator indicated the staffing pattern per shift for the general population was three staff on day shift, three staff on evening shift and two staff on the night shift. The staffing pattern for the dementia unit was two staff on day shift, two staff on evening shift and one staff on the night shift. The staffing schedule for the month of June was reviewed. All shifts reflected were scheduled and filled. The Administrator stated if a staff member called off a shift, they would be replaced by another staff member or a manager would assist with working the shift.

  Staff #1, #2, the Director of Nursing (DON) and the Administrator said there was enough staff to meet the needs of the tenants. Three tenant interviews were held. The tenants said there was enough staff to meet the needs of the tenants. One tenant said he/she was amazed at how staff helped the tenants.

  Review of staffing schedules, tenant interviews, staff interviews, the DON interview and the Administrator interview reflected sufficient staff.

- Regulatory Insufficiency: None noted.

B. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged there were tenants who exceeded level of care.

- Monitoring Observation: Six tenant files (Tenants #1, #2, #3, #4, #5, and #6) were reviewed. Staff #1 and #2 did not identify any tenants who required a routine two person assist, had unmanageable incontinence, were medically unstable or required maximal assistance with activities of daily living. Staff #1, #2, the DON and the Administrator did not identify any tenants that exceeded level of care.

  Review of tenant files, staff interviews, the DON interview and the Administrator interview did not reveal any tenants that exceeded the level of care.

- Regulatory Insufficiency: None noted.

C. Activities

Complaint/Incident Allegation: It was alleged there was not enough activities going on in the dementia unit.

- Monitoring Observation: Activity calendars were reviewed for the general population and for the dementia unit from April 2012 through June 2012. There were activities scheduled for every day of the week. The calendar for the general population reflected four to five activities every day of the month. The number of activities scheduled for the dementia unit ranged from one to two activities on Sunday, up to five activities per day during the week and two activities each Saturday.

  A tour of the dementia unit reflected multiple supplies for one to one or group activities. An activity was observed in the common area of the general population with 36 tenants and 6 staff. Tenants were observed bowling as part of the summer Olympics team competition. Tenants and staff appeared to be engaged in the activity. Of the 36 tenants that participated in the activity, 8 tenants were from the dementia unit. At the time the bowling activity was taking place in the general population, a staff member in the dementia unit was tossing a ball to two tenants in the dementia unit.

  Staff #1, #2, the DON and the Administrator said they felt there were enough activities offered in the dementia unit. Three tenant interviews were held. The tenants said there were plenty of activities offered.

  Review of activity calendars, monitor observations, tenant interviews, staff interviews, the DON interview and the Administrator interview reflected sufficient activities.

- Regulatory Insufficiency: None noted.

D. Other

Complaint/Incident Allegation: It was alleged the employer deducted 30 minute lunch breaks from the pay checks whether the employee took a lunch or not.

- Monitoring Observation: The department does not regulate employee to employer concerns.

- Regulatory Insufficiency: None noted.