IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 24, 2013

Complaint/Incident Investigation #: 43858-M

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

RE: Final Complaint/Incident Investigation and Recertification Monitoring Evaluation Report – Grand Haven, Eldridge, IA

Dear Mr. Collins:

Enclosed is the **Final Complaint/Incident Investigation and 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 Complaint/Incident Investigation and 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 Request for Reconsideration has been denied. Background checks that receive a positive hit are required to be evaluated and approved by the Department of Human Services prior to hire; therefore, the Notice of Waiver on file for criminal background check does not meet the requirement. 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, 2013** through **July 26, 2015**.

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 Complaint/Incident Investigation and Recertification Monitoring Evaluation Report

Assisted Living Program: **Complaint/Incident Intake #:** 43858-M

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

Date of Complaint/Incident Investigation:

May 21 & 22, 2013

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:	66
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	72

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	83

Tenant/Family Satisfaction Results – A community meeting was held with 21 tenants. The tenants said housekeeping services were completed to their satisfaction. The building and grounds were safe, clean and sanitary. Nursing services were available and staff responded quickly, within a few minutes when they called for assistance. The tenants described the care they received as wonderful. They said staff knew what services to provide and staff was trained to provide the services needed. The food was described as excellent and there was a variety of meats, vegetables and desserts offered. The cold foods were served cold; however, the hot foods could be warmer. They said there were almost too many activities and they did not provide any suggestions for additional activities. They enjoyed playing Bingo, card games and going on bus trips. The tenants felt safe and made their own decisions. They would recommend the Program to others and said it the next best place to being at home. They enjoyed having lots of people to talk to and said it's treated just like their own home.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Record Checks

- Monitoring Observation: Seven staff files were reviewed. Staff #1 was hired on 10-31-12 and was currently employed as a universal worker. The criminal history background check completed on 10-24-12 indicated further research was required. On 10-29-12 the Iowa Record Check Request Form indicated there was a CCH Record attached. An evaluation and determination from the Department of Human

Services (DHS) was not completed to determine if the record warranted employment prohibition.

Review of staff files indicated an evaluation and determination from DHS was not completed to determine if the record warranted employment prohibition prior to Staff #1's employment.

- Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the preemployment background check shall be maintained the in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3)).

B. Other

Complaint/Incident Allegation: The Program reported allegedly medications had been diverted.

- Monitoring Observation: Eight tenant files were reviewed. Tenant #1, a 91 year old, was admitted on 7-29-07 and diagnoses included: Pacemaker, Rheumatoid Arthritis, Congestive Heart Failure, Atrial Fibrillation and Osteoarthritis. Allegedly, Tenant #1 had missing medications. Tenant #1 did not receive staff assistance with medications. The Program completed an investigation. An incident report was completed and the Department was notified. No regulatory insufficiencies were identified as it related to the investigation of the alleged missing medications.

- Regulatory Insufficiency: None noted.