IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51416-C

January 28, 2015

Mr. Dan Collins, Director
Grand Haven
201 East Franklin Street
Eldridge, IA 52748

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

Dear Mr. Collins:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 22, 26 and 27, 2015, 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. The following allegations were investigated and unsubstantiated in regards to complaint investigation #51416-C.

Allegation: Admission/Discharge
Findings: Unsubstantiated

Based on observations of Tenant #1, staff interviews, review of tenant files, policy review, occupancy agreement review and involuntary discharge notice documentation review the Program had initiated an involuntary discharge notice to Tenant #1. Two tenant files were reviewed. Tenants #1 and #2 had occupancy agreements signed that included Involuntary Discharge Criteria. The following is a summary of steps taken by the Program for Tenant #1 once it was determined an involuntary discharge notice needed to be presented.

On 7-1-13, a Memory Care Occupancy Agreement was signed by Tenant #1's POA. Pages six through seven of the Occupancy Agreement listed the Involuntary Discharge Criteria. Item B. 2 indicated "requires routine two-person assistance with standing, transfer and evacuation." Item B. 6 indicated "requires more than part-time or intermittent health-related care." Item B.9 indicated "requires maximal assistance with activities of daily living, as such terms are defined in 481 Iowa Administrative Code 69.1."

On 12-22-14, the Program requested a Waiver for Tenant #1 due to routine two to three person transfer, and exceeding level of care.

On 12-31-14, the Department denied the Waiver request.

On 1-5-15, the Program sent certified letters to Tenant #1, Tenant #1's physician and LTCO giving notification of an involuntary transfer as soon as possible due to Tenant #1's routine two to three person transfer.

On 1-9-15 a Domestic Return Receipt was signed and dated by Tenant #1's POA indicating receipt of the 30 day Involuntary Transfer/Discharge Notice.

On 1-23-15, the Program received documentation from Tenant #1's POA dated 1-9-15 requesting an appeal of the original notice to discharge. A handwritten note dated 1-23-15 at the bottom of the appeal letter indicated placement at a nursing home was applied for on 12-31-14 and there were currently no openings. The note requested Tenant #1 be allowed to stay at the Program until an opening became available.

The Program followed their policy "Termination Based on Failure to Meet Occupancy Criteria" in regards to the initiation of an Involuntary Discharge notice.

On 1-22-15 at 10:15 a.m. the monitor observed the hospice aide and a staff assist Tenant #1 get dressed after Tenant #1's shower. One staff held Tenant #1's arms while the other staff attempted to put a shirt on over Tenant #1's head. Using a gait belt, both the hospice aide and the staff struggled to lift Tenant #1 from the shower seat, pivot and assist into the wheelchair. Tenant #1 did not respond to directions nor participate in the dressing or transfer. The hospice aide combed hair and stated she provided oral hygiene prior to the shower without any participation from Tenant #1. During an interview the hospice aide said she would never attempt to assist Tenant #1without the assistance of another. Staff interviews indicated Tenant #1 required the assistance of two to three staff for cares and transfers. Staff also indicated Tenant #1exceeded level of care for an assisted living.

On 1-22-15 at 12:05 p.m. the monitor observed staff place the noon drink and entrée in front of Tenant #1. Staff made several attempts to assist Tenant #1 hold a utensil to eat lunch. Tenant #1 was not able to hold the utensil, each time it dropped out of hand. Staff sat next to Tenant #1 and started to feed. Upon the arrival of Tenant #1's family, the family took over and continued to feed Tenant #1.

On 1-26-15 at 1:51 p.m. the hospice nurse was interviewed and stated Tenant #1 had definitely declined in the last month while on hospice. Initially could take short walks but is now non weight bearing and nonverbal. The hospice aide reports it requires two to three staff to provide cares and Program staff also requires two to three to provide cares. The hospice nurse is concerned about safety of Tenant #1 and also safety of the staff. She stated Tenant #1 no longer follows commands and needs to be fed as Tenant #1 is not able to feed self. She has instructed staff to no longer walk Tenant #1 as she doesn't want anyone to drop Tenant #1. She stated a professional lift was needed and assisted living was not the right level of care to meet Tenant #1's needs.

Allegation: Policy and Procedure
Findings: Unsubstantiated

Based on review of Program policies and procedures and staff interviews, the Program followed their policy and procedures in regards to Involuntary Discharge Notice. A waiver denial was received from the Department on 12-31-14 for Tenant #1. The Program provided a 30 day notice of Involuntary Discharge on 1-5-15 for Tenant #1. The Program followed their policy and procedures in regards to waiver application ad involuntary discharge notice.

Allegation: Service Plans
Findings: Unsubstantiated

Based on review of two tenant files, service plans were developed prior to admission, within 30 days of admission and when a change of condition occurred. Updates were documented on the service plans for Tenants #1 and #2 as indicated.

Allegation: Nurse Review
Findings: Unsubstantiated

Based on review of two tenant files, nurse reviews were completed as indicated. Multiple nurse reviews were documented in the Nurse's/Care Notes for Tenants #1 and #2.

Other:

According to a Program document, the Program did not have a wound care policy as all wound care was referred to home care agencies.

According to staff interviews, staff did not have vendettas towards tenants or tenant family members.

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0260	A. BUILDING. _____ B. WING _____	C 01/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND HAVEN	201 EAST FRANKLIN STREET ELDRIDGE, IA 52748

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 78 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 79 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 89 No regulatory insufficiencies were cited during the complaint investigation of #51416-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE