IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51446-I

February 5, 2015

Ms. Shelley Meyer, Director
Shores at Pleasant Hill
1500 Edgewater Drive
Pleasant Hill, IA 50327

RE: Final Complaint/Incident Investigation Report – Shores at Pleasant Hill, Pleasant Hill, IA

Dear Ms. Meyer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 27 and 28, 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 facility reported incident (#51446-I) was not substantiated.

Based on Tenant #1's file review, review of Tenant #1's incident reports, review of video footage, review of emergency room medical report, review of police report, interview with police department staff, interview with Tenant #1's physician and interviews with staff, nurses and Administrator the Program acted appropriately in response to Tenant #1's medical condition. Appropriate steps were taken by staff in notifying the nurse on call immediately and following directions provided. When the emergency room called the Program to speak with a nurse, the Director of Nursing and Administrator returned to the Program and started an investigation which included review of video footage of the dementia unit during the second shift, interviews with staff who worked in the dementia unit on the second shift and cared for Tenant #1 and documented the investigation. The Program communicated with the emergency room staff and the police department. An incident report was completed and the Department was notified. **No Regulatory Insufficiencies were identified.**

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
	S0239	A. BUILDING: _____ B. WING _____	C 01/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHORES AT PLEASANT HILL	1500 EDGEWATER DRIVE PLEASANT HILL, IA 50327

(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: 55 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 60 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site: 16 TOTAL census of Assisted Living Program: 76 No regulatory insufficiencies were cited during the Incident Investigation of 51446-I .	A 000		

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