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

Complaint/Incident Intake #: 52027-C

April 30, 2015

Mr. Marc Strohschein, Executive Director
Senior Star at Elmore Place
4504 Elmore Avenue
Davenport, IA 52807

RE: Final Complaint/Incident Investigation Report – Senior Star at Elmore Place, Davenport, IA

Dear Mr. Strohschein:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 22, 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. Based on review of tenant files, review of incident reports, review of policies and procedures, interviews with staff and an interview with the Director of Nursing (DON), the following was unsubstantiated:

Allegation: Admission/Discharge
Findings: Unsubstantiated
Comments: Tenant files were reviewed for three tenants. Incident reports were completed for all falls, falls with injuries and falls requiring transfer to the emergency room. According to a staff interview, interventions used to prevent falls were to complete one hour checks on the tenant, two hour toileting schedules, keep the apartment door open, make sure the tenant's walker is always near the tenant, have tenants wear supportive shoes and non-skid socks and to engage the tenants in activities. The DON was interviewed and stated fall interventions used by nursing were to review all current interventions, to obtain a urinalysis, to complete a medication evaluation, reviewing all medications being taken, make sure appropriate shoes were worn, rearrange furniture in the tenant's room and if appropriate arrange for an order for physical and occupational therapy. It a tenant had a history of urinary tract infections, staff would encourage drinking lots of fluids. If a tenant had lots of falls, nursing would work with the family, start therapy and address positioning in bed if the falls occurred at night.

Allegation: Staffing
Findings: Unsubstantiated
Comments: Tenant files were reviewed for three tenants and documentation was completed when indicated with falls and transfers to the emergency room. Interviews with staff and the DON indicated there was enough staff to meet the needs of the tenants. Staff stated no tenants or their families had complained of a lack of help due to not having a sufficient number of staff. According to the Program's Staffing Policy, sufficient trained staff would be provided at all times fully meeting the tenant's identified needs, per state regulations. The Program would have one or more staff that monitored tenants. The staff would be awake and on duty 24 hours a day in the proximate area, and would check on tenants.

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
	S0292	A. BUILDING: _____ B. WING _____	C 04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE	4504 ELMORE AVENUE DAVENPORT, IA 52807

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 36 Total Population of Program at time of on-site: 36 TOTAL census of Assisted Living Program: 36 No regulatory insufficiencies were cited during the Complaint Investigation #52027-C.	A 000		

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