IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 52870-C

August 18, 2015

Ms. Shelley Meyer, Administrator
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 August 10 and 11, 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 in regards to Complaint #52870-C: Tenant rights, Criteria for Admission and Discharge, and Service Plans.

1. Allegation – Tenant Rights, one tenant hit another
   Findings- Not Substantiated
   Comments – One instance was identified between two tenants, where one tenant hit the other on the wrist. There was no injury sustained. Another instance identified two tenants, one hit the other, and then the other hit back. Neither sustained an injury. The Program took action to avoid further incidents such as this from occurring and there was no evidence that any further incidents occurred. The documentation and interviews revealed these were isolated incidents. Tenants were observed in the dementia units. There were no observed instances of aggression. An apartment door had a sign to keep the door locked. The door was observed to be locked and staff was observed to lock the doors on multiple occasions.

2. Allegation – Criteria for Admission and Retention
   Findings – Not Substantiated
   Comments – It was alleged a tenant did not meet criteria to remain at the Program. Five tenants and files were reviewed and none exceeded criteria for retention in the Program.

3. Allegation – Service Plans/Staffing
   Findings – Not Substantiated
   Comments: It was alleged a tenant was improperly bathed. Service plans were reviewed and met the needs of the tenants for bathing. The Program identified a concern had been voiced about the manner in which a temporary staff member bathed a tenant. The Program responded by not allowing that temporary staff member to return to the building. The Program maintained training records and followed procedure for the use of temporary staff.

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 08/11/2015

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: 71 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 73 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 16 Total Population of Program at time of on-site: 17 TOTAL census of Assisted Living Program: 90 No regulatory insufficiencies were cited during the investigation of Complaint #52870-C.	A 000		

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