

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 56437-C

February 29, 2016

Ms. Leah Diehl, Administrator
John's Harbor Memory Loss Center
3520 Grand Avenue
Des Moines, IA 50312

RE: Final Complaint/Incident Investigation Report – John's Harbor Memory Loss Center, Des Moines, IA

Dear Ms. Diehl:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 24, 2016, 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 allegation was investigated in reference to #56437-C.

1. Allegation: Staffing
Comments: Based on observations, interviews and review of documentation the Program provided the appropriate staffing. No concerns were noted in the area of medication management. Staff received training and review of medication error reports revealed one medication error in July.

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: S0117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/24/2016
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

JOHN'S HARBOR MEMORY LOSS CENTER

**3520 GRAND AVE
DES MOINES, IA 50312**

(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 Definition Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 16 Total Population of Program at time of on-site: 16 TOTAL census of Assisted Living Program: 16 No regulatory insufficiencies were cited during the investigation of Complaint #56437-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE