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 #: 58131-C

March 18, 2016

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

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

Dear Mr. Collins:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 9 & 10, 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.

Based on review of tenant files, review of incident reports, review of pendant call reports, review of policies and procedures, private tenant interviews, group tenant interview, staff interviews, nursing interviews, Manager interview, and monitor observations the following was found:

1. Allegation: Tenant Rights—It was alleged the night shift did not provide tenant cares at times requested, left incontinent tenants in wet beds, staff was rude, did not provide appropriate catheter care, refused to enter certain tenant apartments, and did not answer tenant pendant calls.
   Findings: Not substantiated
   Comments: Review of six tenant files, review of incident reports, review of pendant call reports and review of policies and procedures indicated cares were provided as required and in a timely manner. Private tenant interviews indicated cares were provided at the times requested. There was one incident of a tenant not receiving a shower on the night shift; however, the shower was provided immediately at the beginning of the day shift. The missed shower was due to a new employee not realizing the shower needed to be completed early. An interview with a tenant, who

had an indwelling catheter, revealed no urine spilled onto the tenant. The tenant stated at first the cap was hard to remove and at times urine had spilled on the floor, but never on the tenant. No tenants indicating waiting for the next shift to arrive before asking for assistance. Interviews with seven staff from three shifts, two nurses and the Manager indicated current staff was patient, kind and cared about the tenants. Staff was not rude, provided cares as requested, did not refuse to enter tenants' apartments and answered all pendant calls. No concerns with tenant rights were identified.

2. Allegation: Level of Care—It was alleged two tenants on hospice needed assistance with toileting and other cares with the tenants not being able to assist.
   Findings: Not substantiated
   Comments: Six tenant files were reviewed, one tenant was currently receiving hospice services and one tenant had previously received hospice services. Review of the tenant service plans did not indicate any tenants exceeded level of care. No concerns with level of care were identified.

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
	S0260	A. BUILDING: _____ B. WING _____	C 03/10/2016

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: 74 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 81 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 11 Total Population of Program at time of on-site: 11 TOTAL census of Assisted Living Program: 92 No regulatory insufficiencies were cited during the investigation of Complaint #58131-C.	A 000		

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