IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

August 21, 2009

Incident #24447-I

Amy Pagel, Director
Traditions of Iowa
609 Highway 150 N
West Union, IA 52175-1057

RE: Incident Investigation Report, Traditions of Iowa, West Union, IA

Dear Ms. Pagel:

Enclosed is the **Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Incident Investigation Report

Assisted Living Program: **Incident Intake #:** 24447-I

Amy Pagel, Director
Traditions of Iowa
609 Highway 150 N
West Union, IA 52175-1057

Date of Incident Investigation:

August 4, 2009

Monitor(s):

Stephanie Cummins, MA

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of an Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site visit was conducted at Traditions of Iowa on August 4, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	28
Current number of tenants with cognitive disorder:	4
Total Population of GPP:	32

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	9

Total Census of ALP: 41

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Service Plans and Other.

Incident Investigation – The investigator(s) made the observations detailed in the following areas.

A. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Incident Allegation: The program reported Tenant #1 was found on floor by staff during rounds, an ambulance was called and the tenant was taken to the emergency room (ER). The tenant had a neck fracture.

Monitoring Observation: Tenant #1, a 91 year old, was admitted on 5-9-08 and diagnoses include: Atrial Fibrillation, Mild Parkinson's Disease, Orthostatic Hypotension, Moderate Rhabdomyolosis and Constipation. The tenant was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive impairment. (The tenant had not returned to the program at the time of the on-site visit.)

According to an incident report dated 7-20-09, Tenant #1 was found by staff lying flat on his/her back with his/her head partially under the chair. The staff put a blanket under the tenant's head.

Staff #1 stated she was completing checks at 2:00 p.m. and found the tenant in the living room with his/her head under the chair and holding his/her head up without assistance. Staff #1 called for assistance, Staff #2, a Licensed Practical Nurse (LPN) and the Registered Nurse (RN) responded. Staff #1 stated when Staff #2 and the RN arrived they took care of the situation. She had observed the tenant last at lunch at approximately 12:00 or 12:15 p.m. She stated the tenant was wearing an emergency pendant at the time of the fall but did not use it. Staff #1 stated the tenant had falls previously; however, none of the falls had any significant injuries.

Staff #2 was interviewed and stated Staff #1 told her that Tenant #1 had fallen and she needed to get the vitals cart. Staff #2 stated the tenant was on the floor with a small towel under his/her head when she arrived. She observed the tenant had an abrasion similar to a rug burn injury and the tenant's pupils were small; however, that was normal for the tenant. The tenant did not complain of pain, called the staff by name and had equal grips. Staff #2 palpated the tenant's shoulders and ankles and the tenant was assisted up to a sitting position. The tenant did not have any dizziness with the position change and was assisted to the chair. The tenant did not complain of any pain during the transfer. The tenant wanted to stand and he/she used the walker to stand. Staff #2 stated she noticed the tenant leaning backwards, he/she attempted to take a few steps and looked at the ground and stated he/she saw a dark hole or circle on the floor. According to Staff #2, the tenant was transferred to the recliner and an ambulance was called. The tenant complained of jaw pain when he/she was getting into the ambulance. According to Staff #2, this was the first time the tenant complained of pain and a c-collar was applied at that time. Staff #2 stated the tenant was assessed appropriately given what was presented. She stated the tenant was expected to return to the program and would reside in the memory care unit upon return. Staff #2 stated the tenant did not have any falls with significant injuries prior to the incident.

The RN was interviewed and indicated she responded to the tenant's fall and Staff #1 and Staff #2 were in the tenant's apartment. The tenant was on the floor with a towel/blanket behind the tenant's head and his/her knees were bent up. The tenant was alert; however,

was not as clear when specific questions were asked. The RN stated she observed an abrasion on the tenant's forehead; however, no other injuries were apparent and the tenant did not complain of pain. Staff #2 obtained vitals, did range of motion checks and the tenant was able to move, according to the RN. The tenant was assisted to a standing position and the tenant's balance was off; however, the tenant did not complain of pain with position changes. The tenant sat in the recliner and another set of vitals was obtained. The tenant attempted to walk and felt like there was a dark hole in front of him/her, according to the RN. The tenant was assisted back into the chair and vitals were repeated. The tenant's family and an ambulance were called and the ER was notified. The tenant did not have any complaints of pain or dizziness during the process and the RN indicated no symptoms were present that would have indicated a neck fracture during the assessment. The ambulance arrived and applied a c-collar. The RN indicated the tenant was seen at lunch before the incident. The tenant was expected to return to the program and will reside in the memory care unit at that time. The RN stated the tenant did not have any falls with significant injuries prior to the incident.

The tenant's evaluations and service plans were completed appropriately. The tenant's service plan addressed interventions related to falls. The tenant had a Managed Risk agreement related to falls.

The incident occurred on 7-20-09 and the program reported the incident within 24 hours as required by the Department.

- Regulatory Insufficiency: None noted.

Dated this 21st day of August, 2009.