IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 16, 2009

Complaint #23896-I

Suzanne Lunsford, RN Manager
Sunnybrook Assisted Living
5175 West Avenue
Burlington, IA 52601-9412

RE: Final Complaint Investigation Report, SunnyBrook Assisted Living, Burlington, IA

Dear Ms. Lunsford:

Enclosed is the **Final Complaint 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.** A copy of the report is attached.

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 #: 23896-I**

Suzanne Lunsford, RN Manager
Sunnybrook Assisted Living
5175 West Avenue
Burlington, IA 52601-9412

Date of Incident Investigation:

September 8, 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 SunnyBrook Assisted Living on September 8, 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:	45
Current number of tenants with cognitive disorder:	4
Total Population of GPP:	49

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

Total Population of DSP:	4
Total Census of ALP:	53

***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 have been no substantiated Regulatory Insufficiencies this certification period.

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 that staff responded to a tenant who had activated his/her emergency pendant; the tenant had fallen and was attempting to get up. The tenant complained of right hip pain but did not want medical treatment. The tenant later decided to go to the hospital for evaluation and was transported in a personal vehicle. The tenant was admitted to the hospital due to a fracture of the right pelvis area.

Monitoring Observation: Tenant #1, a 96 year old, was admitted on 9-26-08 and diagnoses include: History of Pelvic Fracture, Osteoarthritis, Hearing Difficulties, History of Skin Cancers, Hypertension (HTN) and History of Angina. The tenant scored in the mild range of cognitive impairment, according to the Short Portable Mental Status Questionnaire (SPMSQ) and was staged at a two on the Global Deterioration Scale (GDS), which indicated very mild cognitive impairment.

According to incident reports and the incident report log, the tenant was found on the floor or fell on 4-7-09, 6-1-09, 6-12-09, 8-8-09, 8-9-09 and 8-11-09. The fall on 6-12-09 resulted in a fracture to the right pelvic area. According to the incident report dated 6-12-09, the tenant fell between the bed and the wall and bumped his/her right hip and right elbow. The tenant indicated he/she caught himself/herself and did not fall hard. The tenant was sitting up and trying to stand when staff came in to the tenant's apartment. Staff told the tenant not to move; however, the tenant insisted on getting up into the recliner. Staff took vitals, called the family and called the nurse. The tenant did not want to go to the hospital at that time and did not have any tears or abrasions.

Staff #1 was interviewed and stated that prior to the fall, the tenant was independent with ambulation and used a walker. The tenant wore an emergency pendant and used the pendant appropriately. On 6-12-09, the tenant pushed the pendant and staff responded. The tenant had moved from the bedroom to the living room and was on the floor by the couch. The tenant wanted to get up and was determined to do so. The staff assisted the tenant to the recliner. The tenant stated his/her right hip area hurt and he/she was not sure how the fall happened. Staff took the tenant's vitals and indicated the tenant was not crying out and acted like himself/herself. The tenant did not want to go to the hospital and was able to make that decision, according to the staff. Staff called the tenant's family and they agreed not to send the tenant to the hospital. The nurse was called and asked staff questions regarding the tenant's pain and health status and had staff check on the tenant and fill out an incident report.

The nurse was interviewed and stated that prior to the fall on 6-12-09, the tenant was independent with all cares and independently used a walker. Since the tenant returned to the program after the fall, staff provide assistance with medications and bathing. The tenant is able to make his/her own decisions. The nurse attempted to get an order for Physical Therapy (PT) and Occupational Therapy (OT) and the physician indicated it was not needed.

On 6-12-09 the nurse received a call from staff regarding the fall. Staff #1 asked the tenant not to get up but the tenant wanted to get up. The nurse stated the tenant was fairly determined to do what the tenant wanted to do. She asked staff about the tenant's pain and the tenant had pain in the hip area but the tenant felt he/she was able to get up. Staff took the tenant's vitals and they were stable. The tenant did not want to go to the Emergency Room (ER). The tenant was independent with cares at that time and did not require any cares that morning after the fall. The tenant's family was aware of the tenant's decision not to go to the hospital. The nurse stated the tenant was able to make his/her own decisions. The tenant's family took the tenant, in a personal vehicle, to the ER at 7:00 a.m. The nurse called the hospital that afternoon and was told the tenant had a pelvic fracture. She then reported the incident to the Department. The tenant went to the hospital and to a skilled nursing facility before returning to the program on 7-24-09. The tenant is now more stable, walks a lot and participates in walking club. The nurse did not have any concerns with how the situation was handled.

Staff #1 and the nurse did not identify any tenants that exceeded the appropriate level of care. Both also stated that staffing was sufficient to the meet the needs of the tenants and none of the tenants had complained about a lack of help.

The tenant was interviewed and stated he/she was not in a lot of pain when the injury happened and stated it was more like back pain. The tenant stated he/she found out about the fracture at the hospital. The tenant reported staff were nice and responded quickly. The tenant stated he/she made his/her own decisions.

The tenant's family member was interviewed. Staff called the family at approximately 4:30 a.m. and told the family that the tenant had fallen and the tenant did not want to go to the hospital. The family came to the program a few hours later and the tenant was in agreement to go to the ER. Family stated he/she did not have concerns with how the situation was handled, did not have any concerns with staffing and said the tenant was doing well since he/she returned.

The tenant's evaluations and service plan were updated appropriately.

- Regulatory Insufficiency: None noted.

Dated this 16th day of September, 2009.