IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Certified
Incident: #24115-I

September 22, 2009

Brent Olsen, Manager
Whispering Willows Assisted Living
601 Dawn Avenue
Fredericksburg, IA 50630-1033

RE: Incident Investigation Report, Whispering Willows Assisted Living, Fredericksburg, IA

Dear Mr. Olsen:

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 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau
Connie.Schaffer@dia.iowa.gov

Enclosure

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

Assisted Living Program: **Incident Intake #: 24115-I**

Brent Olsen, Manager
Whispering Willows Assisted Living
601 Dawn Avenue
Fredericksburg, IA 50630

Date of Incident Investigation:

September 2, 2009

Monitor(s):

Joyce Kix, RN

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 Whispering Willows Assisted Living on September 2, 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:	7
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	8

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: 12

***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 has been a substantiated Regulatory Insufficiency in the area of Staffing during this certification period.

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

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Incident Allegation: The program reported Tenant #1 fell in their apartment. The tenant was transferred to the emergency room, diagnosed with a fractured hip.

- Monitoring Observation: Tenant #1, an 86 year old, admitted on 3-14-09 had diagnoses of: Arthritis, Muscle Weakness, Atrial Fibulation, Senile Dementia and Anxiety. The Service Plan of 6-8-09 indicated the tenant was independent for ambulation with a walker and staff assistance with transfers as needed. Nurses Notes of 6-27-09 document the tenant summoned staff using emergency pendant. The tenant was found on the floor and could not remember what caused the fall. The tenant sustained a fractured hip, was hospitalized and has not returned to the program. The incident was reported to the Department of Inspections and Appeals appropriately.

During the course of the investigation the following information was obtained.

Tenant #2, a 94 year old, admitted on 4-2-09 had diagnoses of: Alzheimer's Dementia, Hypotension, Anemia, Congestive Heart Disease, Senile Dementia with Delusions and Behavior Disturbance and Glaucoma. Nurses Notes of 8-31-09 documented the tenant ambulated independently with the use of a walker at 4:00 pm. Nurses Notes of 8-31-09 at 5:45 pm indicated the tenant called out for help from his/her room and staff found the tenant on the floor. The tenant sustained a fractured hip and has not returned to the program. The incident was reported to the Department of Inspections and Appeals appropriately.

- Regulatory Insufficiency: None noted.

Dated this 22nd day of September, 2009.