IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 19, 2009

Leslie Dick, Executive Director
Candy Blake, Director of Memory Care
Senior Star at Elmore Place
4504 Elmore Avenue
Davenport, IA 52807-2597

RE: Initial Certification Monitoring Evaluation & Incident Investigation Report, Senior Star at Elmore Place, Davenport, IA

Dear Ms. Dick & Ms. Blake:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Initial Certification Monitoring Evaluation & Incident Investigation Report**. Based upon a complete review of the report and your actions to correct the identified Regulatory Insufficiencies,DIA accepts your POC and certification of Senior Star at Elmore Place will continue. A copy of the Final report is enclosed.

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10.

The Assisted Living Program Certificate **#S0292** is enclosed with effective dates of **April 17 2009** through **April 16, 2011**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft

Chris Nothaft
Certification Coordinator-Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Initial Certification Monitoring Evaluation & Incident Investigation Report

Assisted Living Program:

Leslie Dick, Executive Director
Candy Blake, Director of Memory Care
Senior Star at Elmore Place
4504 Elmore Avenue
Davenport, IA 52807-2597

Incident Intake #: 24975-I
24261-I

Date of Monitoring Evaluation & Incident Investigation:

August 31 & September 1, 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 Senior Star at Elmore Place on August 31 & September 1, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	1
Current number of tenants without cognitive disorder:	0
Total Population:	1

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

Accreditation Status –Not applicable.

Tenant/Family Satisfaction Results – A community meeting was not held because the program is a dedicated dementia unit. The monitor made the following observations while on-site. The program was clean, well kept and had a nice atmosphere. Activities were taking place throughout the time of the on-site and they were diverse and individualized. Staff were respectful, polite and attentive. A meal was observed and the food was appealing with a nice presentation.

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. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Three tenant files were reviewed.

Tenant #1 had a service plan developed within 30 days; however, the service plan was not based on health or functional evaluations. Physical Therapy (PT) and Occupational Therapy (OT) were added to the service plan on 7-20-09. According to Resident Notes, PT was ordered for strengthening. The service plan was not signed by the nurse, two staff and the tenant or the tenant's legal representative, as needed.

Tenant #3, a 79 year old, was admitted on 8-3-09 and diagnoses include: Alzheimer's Dementia, Chronic Obstruction Pulmonary Disease (COPD), Protein Energy Malnutrition, Constipation, Anxiety, Agitation and Shortness of Breath (SOB). The tenant was staged at a five on the GDS, which indicated moderately severe cognitive impairment. The tenant was discharged on 8-19-09. According to a doctor's order dated 8-3-09, the tenant was to be evaluated for Hospice Services and began receiving those services on 8-5-09. Hospice Services were not added to the service plan. The service plan did not reflect the outside service provider.

- Regulatory Insufficiency: The program did not consistently update each tenant's service plan as needed when a tenant needs personal or health related care, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop a service plan for each tenant based on the evaluations conducted in accordance with 25.23(1) and 25.23(2). (25.28(1))

- Regulatory Insufficiency: The program did not consistently develop individualized service plans that indicated service providers other than the program. (25.28(4)c)

B. 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 #24261-I: It was self reported by the program that a tenant was found on the floor next to the bed, was transported to the emergency room (ER) and had a fractured hip.

Monitoring Observation: According to an Incident/Accident Report dated 7-5-09 at 8:00 p.m., Tenant #2 was found on the floor and was holding his/her left hip. The tenant complained of pain in the left leg when it was touched and the area was immobilized. There were no other signs of pain, bruising, lumps or abrasions, according to the report. The tenant was transported to the hospital by paramedics on 7-5-09 at 8:25 p.m., according to the Incident/Accident Report.

Staff #1 stated the tenant did not require much assistance for ambulation and used a wheelchair at times when tired. She stated she saw the tenant approximately five to seven minutes before she heard the tenant's bed alarm and the tenant was sleeping at that time. She heard the alarm and found the tenant on the floor. Staff #1 stated she called the Director and the Director told her not to move the tenant. She made the tenant comfortable and called 911. Staff #1 stated the situation was handled appropriately.

The Director stated she was contacted by staff regarding the tenant's fall. She told staff to call 911 and she would call the family. The tenant was sent out in the ambulance before the Director arrived. The Director went to the hospital the next day and learned of the hip fracture. The tenant was discharged on 7-5-09.

The tenant's service plan reflected the use of a bed alarm. Staff #1 and the Director stated the bed alarm was used consistently by staff. The alarm sounded at the time of the fall on 7-5-09. The only other documented fall was on 6-12-09, according to the Incident/Accident Reports.

- Regulatory Insufficiency: None noted.

Incident Allegation #22975-I: It was self reported by the program a tenant was found on the floor with legs bent and the bed alarm was sounded. The tenant was sent by ambulance to the ER and had a fractured hip.

Monitoring Observation: According to an Incident/Accident Report dated 8-19-09 at 3:00 a.m., Tenant #3 had an un-witnessed fall and staff heard the bed alarm sounding. The tenant was found on his/her back with legs bent and complained of pain in the left hip. The tenant was transported to the hospital at 4: 45 p.m. by ambulance.

Staff #2 and Staff #3 were terminated on 8-24-09 and were not interviewed. According to Notice of Disciplinary Warning documents, Staff #2 and #3 were terminated due to a safety violation. The time and date of the violation was 8-19-09 at approximately 3:00 a.m. The document for Staff #2, stated the staff acknowledged the tenant was in pain and appeared to be injured. She gave pain medication and anti-anxiety medication without approval, while the tenant was lying on the floor. After administering the medications the staff assisted in lifting the tenant off the floor and sat the tenant on the side of the bed and changed the tenant's wet clothes. Staff then laid the tenant down and called for a supervisor. The document for Staff #3 addressed the same concerns; however, did not address administration of any medication.

The tenant's service plan reflected the use of a bed alarm. According to the Incident/Accident Report dated 8-19-09, the bed alarm did sound.

The Director stated the tenant did not have any previous falls at the program and required stand by assistance (SBA) with ambulation. She stated the tenant liked to walk and had sleep pattern disturbances. The Director stated direct care staff transferred the tenant after the fall, sat him/her on the side of the bed and changed the tenant's pajamas and laid him/her down, before calling the Director. According to the Incident/Accident Report, the tenant complained of left hip pain. The Director stated staff had been instructed to call 911 or the nurse with any falls and not to move the tenant before being assessed. The Director called the Hospice Nurse and the Hospice Nurse arrived to assess the tenant.

The Hospice Nurse called the doctor and made the decision to send the tenant out of the program.

The Hospice Nurse was interviewed and stated the Director called her and reported the situation. She said Hospice responds to all calls and when she arrived, the tenant was in bed and he/she had wanted to get up and staff transferred him/her to bed. The Hospice Nurse stated the tenant was quite demented and wanted to get up. The tenant had left hip external rotation and the left hip was swollen. The Hospice Nurse called the doctor and the tenant was sent out of the program. The Hospice Nurse stated she asked staff to give Vicodin to the tenant and they also gave an as needed (PRN) Ativan. The Hospice Nurse stated she did not think the program could have done anything differently.

A review of the tenant's Medication Administration Records (MARs) indicated Ativan and Vicodin were administered on 8-19-09 at 3:00 a.m.

- Regulatory Insufficiency: The program did not consistently provide sufficient trained staff available at all times to fully meet tenant's identified needs. (25.33(1))

Dated this 19th day of October, 2009.