IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 10, 2010

Incident Intake#: 25703-I

Ms. Karla J. Maternach, RN Manager
River Bend Assisted Living
813 Tyler St NE
Cascade, IA 52033-7501

RE: Final Incident Investigation Report - River Bend Assisted Living, Cascade, IA

Dear Ms. Maternach:

Enclosed is the **Final Incident Investigation Report** from the on-site monitoring visit of January 27, 2010, completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C, 481 Iowa Administrative Code (IAC) chapters 67 and 69 (pertaining to assisted living programs, monitoring, civil penalties, and complaints). The Final Report notes **No Regulatory Insufficiencies.**

If you have any questions in regard to these matters, 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 #: 25703-I**

Ms. Karla J. Maternach, RN Manager
River Bend Assisted Living
813 Tyler St NE
Cascade, IA 52033-7501

Date of Incident Investigation:

January 27, 2009

Monitor(s):

Hal L. Chase, RN BSN MPH

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. IAC r. 481-67.10(5). 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 481 IAC - chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site visit was conducted at River Bend Assisted Living on January 27, 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:	22
Current number of tenants with cognitive disorder:	3
Total Population:	25

Dementia Specific Program (DSP)* – Not applicable.

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

Tenant/Family Satisfaction Results – Not applicable

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

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas. .

A. Evaluation of Tenant

Incident Allegation: The program reported on 10-7-09 that Tenant #1's spouse pressed the tenant's pendent. Staff responded and found the tenant lying face down on the floor in the bathroom. The tenant and the tenant's spouse indicated the tenant's legs gave out and he/she went slowly to the floor and did not hit his/her head. The tenant complained of a headache and nausea and was not using his/her left leg. The tenant was transported by ambulance to a local hospital and hospital staff indicated the tenant had a right sided subdural hematoma.

Monitoring Observation: Tenant #1, 80 years old, was admitted to the program on 4-12-08. The tenant's diagnoses included: Acquired Nerve Palsy of the Brachial Plexus on the Left, Anemia and Chronic Kidney Disease. Functional, cognitive and health evaluations and an updated service plan were completed on 9-29-09. Evaluations indicated the tenant had no history of falls. The service plan dated 9-29-09 indicated the tenant was independent with ambulation within his/her apartment, with or without the use of a walker, but used a scooter for longer distances.

A functional and health evaluation and nurses notes were completed on 10-5-09, indicating a possible change in condition. The tenant began taking Gabapentin, 200 mg twice daily, beginning 9-29-09 and reported blurred vision, being anxious or having nervous feelings, exhibiting jerky movements of his/her hands and legs, showing confusion and feeling "foggy" in the head. The tenant's physician was notified and Gabapentin was discontinued. Evaluations and nurses notes dated 10-5-09 indicated the registered nurse (RN) had no recommendations regarding the change in health status and the tenant requested no changes in services.

Nurse's notes dated 10-7-09 indicated staff responded to an emergency response system pendent activated by the tenant's spouse. Staff found the tenant lying face down on the bathroom floor. The tenant indicated his/her legs gave out and he/she went to the floor slowly. The tenant indicated he/she did not hurt anywhere and was then assisted to a sitting then standing position and helped to bed. Staff indicated it was discovered the tenant could not move his/her left leg and the RN directed staff to stay with the tenant and to recommend to the tenant's spouse that the tenant be sent to a local emergency room by ambulance. The tenant was transported by ambulance to a local emergency room and was later transferred to a larger hospital. The tenant was admitted with a diagnosis of a Subdural Hemorrhage on the right side of his/her head.

Nurse's notes dated 10-12-09 indicated the tenant returned to the program and was admitted to hospice care. Functional, cognitive and health evaluations were completed and the tenant's service plan was updated to reflect the changes in personal and health related cares provided by the program in addition to hospice care. Nurse's notes dated 10-15-09 indicated the tenant passed away.

Staff #1 stated that prior to the incident on 10-7-09, the tenant was independent with most cares, steady with ambulation, used a scooter, had no history of falls, no complaints and was healthy. Staff #2 stated, prior to the incident the tenant was independent with

ambulation, had a steady gait, had no history of falls, used a scooter as a primary mode of transportation and was in good health.

- Regulatory Insufficiency: None noted.

Dated this 9th day of February, 2010