IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 11, 2010

Incident #26295-I

Ms. Bethany Clemenson, RN Administrator
Windsor Manor Assisted Living Community
1807 W 5th St
Vinton, IA 52349-2474

RE: Incident Investigation Report, Windsor Manor Assisted Living Community, Vinton, IA

Dear Ms. Clemenson:

Enclosed is the **Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code 231C.7 (2009) and 481 Iowa Administrative Code (IAC), chapters 67 and 69, pertaining to assisted living programs, monitoring, civil penalties and complaints. **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 #:** 26295-I

Ms. Bethany Clemenson, RN Administrator
Windsor Manor Assisted Living Community
1807 W 5th St
Vinton, IA 52349-2474

Date of Incident Investigation:

January 20, 2010

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 Windsor Manor Assisted Living Community on January 20, 2010. 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 fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS) :	6
Current number of tenants without cognitive disorder:	29
Total Population:	35

***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 no substantiated Regulatory Insufficiencies this certification period.

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

A. Criteria for exclusion of Tenant

Incident Allegation: Tenant #1 called for assistance on 11-13-09 at 8:45 a.m. as he/she had fallen in the bathroom. An ambulance was called and the tenant was transported to a local emergency room and admitted to the hospital for two broken ribs. The tenant had a history of numerous falls between 9-4-09 and 11-13-09.

Monitoring Observation: Tenant #1, 77 years old, was admitted to the program on 5-30-09. The tenant's diagnoses included: Hypertension, Hiatal Hernia, Depression, Gastroesophageal Reflux Disease, Gout, Hyperlipidemia, Coronary Artery Disease with a History of Myocardial Infarction, Congestive Heart Failure, Sleep Apnea, Cardiomyopathy and Diabetes Mellitus Type II. A cognitive evaluation was completed on 7-10-09 and indicated the tenant scored a 10 on a short portable mental status questionnaire which indicated normal mental functioning. The tenant's physician was notified on 6-23-09 of three falls the tenant had sustained since being admitted to the program. The tenant's physician indicated the tenant had "a several year history of falls at home," and was the reason the tenant moved to an assisted living program.

Incident reports dated 6-11-09 through 11-13-09 indicated the tenant had numerous falls. Nurse's notes and a managed risk agreement dated 7-10-09 indicated the tenant did not want to be evaluated for falls, did not want stand by assistance with ambulation and transfers and understood he/she could have falls with a significant injury that would necessitate a higher level of care. Functional and health evaluations dated 7-10-09 indicated the tenant's gait was steady, the tenant used a walker and was independent with ambulation. The service plan dated 7-10-09 indicated there was a managed risk agreement implemented that was related to the tenant's choice to not use his/her walker and for staff to remind the tenant to use his/her walker when the tenant is found not using his/her walker.

Nurse's notes dated 7-1-09 through 11-12-09 indicated the registered nurse (RN) completed a nurse review after each fall and indicated the tenant did not need routine two person assistance with ambulation. Staff #1 and #2 stated the tenant did not need routine two person assistance with ambulation or transfer. Staff #1 stated the tenant did not ask for assistance with ambulation and was alert and oriented and made her own decisions. Staff #2 stated the tenant did not want to use his/her pendent or to use his/her walker. The tenant had episodes of dizziness and staff would assist the tenant to the dining room with a wheelchair when the tenant would let them.

Nurse's notes dated 1-13-10 indicated the tenant would not be returning to the program.

- Regulatory Insufficiency: None noted.

Dated this 11th day of February, 2010