IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Incident Intake: 28092-I

April 13, 2010

Amy Crouse, Administrator
Prairie Hills Assisted Living
173 East Rochester Street
Ottumwa, IA 52501

RE: Final Incident Investigation Report – Prairie Hills Assisted Living, Ottumwa, IA

Dear Ms. Crouse:

Enclosed is the **Final Incident Investigation Report** from the on-site monitoring visit of April 6, 2010, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapters 231C and 235E and Iowa Administrative Code ("IAC") chapters 481—52, 481—67, and 481—69. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #: 28092-I**

Amy Crouse, Administrator
Prairie Hills Assisted Living
173 East Rochester Street
Ottumwa, IA 52501

Date of Incident Investigation:

April 6, 2010

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. 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 Prairie Hills Assisted Living on April 6, 2010. 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:	43
Current number of tenants with cognitive disorder:	4
Total Population of GPP:	47

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

Total Population of DSP:	8
Total Census of ALP:	55

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

Program History – There were substantiated Regulatory Insufficiencies found in the areas of: Evaluation of Tenant, Service Plan, Medications, Nurse Review and Staffing during this certification period.

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

A. Criteria for Exclusion of Tenant

Incident Allegation: The program reported on 3-25-10 that a tenant in the memory care unit with a history of falls, was found on the floor on 3-24-10 and taken to the hospital by family where it was determined the tenant had sustained a fractured elbow.

- Monitoring Observation: Tenant #1, a 90 year old, was admitted 3-15-10 with diagnoses of: Alzheimer's Disease, Hypertension, Joint Pain and Muscle Weakness. The Global Deterioration Scale completed 3-15-10 documented the tenant with a score of "5" which indicated moderately severe cognitive decline. The clinical record contained documentation from a physical therapy aide from the transferring nursing home dated 3-12-10 which indicated the tenant was transferring with supervision and ambulating 150 plus feet with a wheeled walker and supervision for direction. The service plan of 3-15-10 directed for standby assist for ambulation at all times. The program registered nurse reported that the tenant's family provided an alarm to alert staff of the tenant's movement. During interview, Staff #1 reported that the tenant could walk with a walker and supervision and the alarm was just to alert staff. Staff #2 stated that the tenant could walk with a walker independently and feed him/herself. Staff was alerted by the alarm and found the tenant on the floor of his/her apartment on 3-24-10. The tenant was transferred to the hospital and has not returned to the program. The program notified the Department appropriately.

- Regulatory Insufficiency: None noted.

Dated this 13th day of April 2010.