IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 22, 2010

Incident #: 27196-I

Monica Hunter, Administrator
MeadowView Memory Care Village
3005 F Ave NW
Cedar Rapids, IA 52405-2944

RE: Final Recertification Monitoring Evaluation and Incident Investigation Report, MeadowView Memory Care Village, Cedar Rapids, IA

Dear Ms. Hunter:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation and Incident Investigation Report**. Based upon a complete review of the Report and your actions to correct the identified RegulatoryInsufficiency, DIA accepts your POC. The Final report is enclosed and no further action is necessary.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received, as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate #S0228 with effective dates of **February 8, 2010 through February 7, 2012**. If you have any questions in regard to this certification, 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 &
Recertification Monitoring Evaluation Report

Assisted Living Program: **Incident Intake #:27196-I**

Monica Hunter, Administrator
MeadowView Memory Care Village
3005 F Ave NW
Cedar Rapids, IA 52405-2944

Date of Incident Investigation:

March 24 & 25, 2010

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. 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 incident investigation and recertification monitoring evaluation was conducted at Meadowview Memory Care Village on March 24 & 25, 2010. In preparing this report, the following information was considered:

Current Program Census:

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

Total Population of DSP:	39
Total Census of ALP:	39

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

Tenant/Family Satisfaction Results – A tenant interview and family interview were held. The tenant and family stated the building was clean and the cleanliness was described as excellent. Three meals a day were served, substitutions were available and the food was described as good; however, too much was served. Improved desserts were requested. The tenants received a schedule of activities and enjoyed ladder golf, crafts, trivia and horseshoes. They described staff as excellent and stated some staff related better to the tenants than others. The nurse was available as needed and the social worker walked through the main area frequently. Tenants received prompt assistance when it was requested but improvement was needed with follow up to initial staff response. A family member stated everyone that worked at the program seemed like they wanted to be there and there was great confidence in the staff. A family member stated the right decision was made for the tenant to move there. The tenant and family felt they were getting what was promised at admission and they would recommend the program to other people.

Program History – There have been no substantiated Regulatory Insufficiencies this certification period.

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

A. Service Plan

Monitoring Observation: Five tenant files were reviewed.

Tenant #1, 93 years old, was admitted on 12-30-08 and diagnoses include Dementia, Hypertension (HTN), Mastectomy, Gall Stones, Stroke, Hysterectomy, Osteoporosis, Stroke and Hypercholesterolemia. The tenant was staged at a five on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. According to an Incident Report dated 1-21-10, the tenant was found on the floor. Nurse's Notes indicated the tenant was sent to the hospital and returned on 1-21-10. According to Hospital records, the tenant had a compression deformity at L1 which was probably acute or subacute. The tenant had an additional compression deformity at T11 which was probably chronic and also had diffuse degenerative changes. According to program documents, the tenant had safety rounds every two hours; however, the tenant's service plan, at the time of the fall, did not include the two hour safety checks.

Tenant #2, 87 years old, was admitted on 10-14-08 and diagnoses include: Dementia, High Cholesterol, Diabetes Mellitus, Mild Depression, History of Breast Cancer, Left Mastectomy, Anemia, Progressive Dementia (suspect Lewy Body Dementia), HTN, Insomnia and Anxiety. The tenant was staged at a seven on the GDS, which indicated very severe cognitive decline. According to program documents, the tenant had 15 minute safety checks. The tenant's service plan did not include the 15 minute safety checks.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: the tenant's identified needs and preferences for assistance. (IAC-481 r.69.26(4))

B. Other

Incident Allegation: The program reported that on 1-21-10 a tenant was found on the floor and was able to move all extremities without pain. The tenant was able to bear weight and did not have any red areas or bruising. The Director of Nursing (DON) was notified. The tenant ambulated with minimal assistance to bed. The day shift came in and noted the tenant had difficulty moving without pain. The tenant was sent to the emergency room (ER). At 11:05 a.m. on 1-21-10, the tenant returned to the program with a diagnosis of a compression deformity at the L1 level which was suspected to be an acute or subacute compression fracture, another compression deformity at T11 which was probably chronic and also diffuse degenerative changes.

Monitoring Observation: According to an Incident/Accident Report dated 1-21-10, Tenant #1 was found laying the bathroom floor at 1:30 a.m. The tenant was asking for assistance to get up and moved all extremities without pain. The tenant had adequate range of motion (ROM) and was able to walk into the bathroom and to bed. The tenant's family was notified at 2:00 a.m. The report stated the tenant had some lower back pain.

Staff #1 worked on 1-21-10 on third shift. He stated he was completing rounds and heard the tenant yelling for help. He found the tenant on the floor on his/her back. ROM and

vitals were completed and there were no visible injuries. The DON was notified. The tenant requested to get up and was assisted to a chair, onto the toilet and back into bed. The tenant had some discomfort in his/her back; however, was able to ambulate without difficulty and had a steady gait. The tenant was checked on, hourly, the rest of the shift and was sleeping. According to Staff #1, the morning staff tried to get the tenant up and he/she complained of pain. A nurse assessed the tenant and he/she was sent to the ER.

The DON was interviewed and stated she was called at approximately 2:00 a.m. and staff told her the tenant was found on the floor and there were no injuries. She was told the tenant ambulated back to bed, had a steady gait, complained of some minor back pain; however, staff had not seen any marks on his/her back. The tenant had full ROM without pain. When first shift staff tried to get the tenant up at approximately 6:00 a.m., the tenant had pain with movement. The DON was contacted and instructed staff to call the tenant's family. Tenant #1 was sent to the ER and returned the same day with an order for Fentanyl Patches. The DON stated the staff handled the situation appropriately. At the time of the on-site visit, the tenant ambulated with a walker and stand by assistance (SBA) and with a wheelchair behind him/her.

Tenant #1's file was reviewed. According to hospital records, the tenant had a compression deformity at the L1 level which was suspected to be an acute or subacute compression fracture, another compression deformity at T11 which was probably chronic and also diffuse degenerative changes. The Safety Rounds sheets indicated checks were consistently completed. Nurse's Notes indicated the tenant returned from the hospital on 1-21-10 at 10:45 a.m. with a new order for a Fentanyl Patch, 25 mcg, every 72 hours for 14 days. On 1-25-10, a new order was received for a Fentanyl Patch, 50 mcg, every 72 hours. On 2-5-10, a new order was received for Fentanyl Patch 75 mcg every 72 hours. Evaluations and service plans were updated appropriately with changes and the tenant's current service plan addresses 15 minute safety checks at night.

- Regulatory Insufficiency: None noted.

Dated this 22nd day of April, 2010.