IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

May 20, 2010

Incident: #27966-I

Carri Stone, Administrator
Maple Ridge Assisted Living
2102 South Market Street
Oskaloosa, IA 52577-4071

RE: Final Incident Investigation Report, Maple Ridge Assisted Living, Oskaloosa, IA

Dear Ms. Stone:

Enclosed is the **Final Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C, Iowa Administrative Code (IAC) chapters 481—67 and 481—69. **No Regulatory Insufficiencies were identified.**

A copy of the monitor's **Incident Investigation Report** is enclosed for your information and as a record of the result of this investigation.

If you have any questions regarding this Report, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake: #27966-I**

Carri Stone, Administrator
Maple Ridge Assisted Living
2102 South Market Street
Oskaloosa, IA 52577-4071

Date of Incident Investigation:

May 11, 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 Maple Ridge Assisted Living on May 11, 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 dementia specific and provides specialized care in a dedicated setting.

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):	8
Current number of tenants without cognitive disorder:	64
Total Census of ALP:	72

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

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

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

A. Criteria for exclusion of

Incident Allegation: The program reported on 3-19-10 a tenant fell sustaining a fractured right arm.

- Monitoring Observation: Tenant #1, an 89 year old, was admitted 6-11-08 with diagnoses of: Hypertension, Benign Prostatic Hyperplasia, Diabetes, Post-Polio Syndrome, Gastroesophageal Reflux Disorder, Diverticulitis, Insomnia, and Mild Dementia. The cognitive assessment completed 7-16-09 documented one error, which indicated normal mental functioning. A nurse review dated 1-8-10 documented the tenant ambulated with a walker and transferred independently. The service plan of 3-19-10 documented the tenant used a lift chair to assist with standing in his/her apartment. The Incident Report of 3-19-10 documented the tenant was found on the floor after staff were summoned to the apartment by the tenant. The tenant was transferred to the hospital, diagnosed with a fracture of the right arm, and returned to the program with a sling. A nurse review was completed 3-19-10 with appropriate interventions initiated in the service plan. The program reported the injury appropriately to the department.

- Regulatory Insufficiency: None noted.

Dated this 20th day of May, 2010.