IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Incident Intake: #27425-I

May 24, 2010

Ms. Wendy Nelson, Administrator
Prairie View Inn
612 North Eastern Street
Sanborn, IA 51248

RE: Final Incident Investigation Report – Prairie View Inn, Sanborn, IA

Dear Ms. Nelson:

Enclosed is the **Final Incident Investigation Report** from the on-site monitoring visit of May 19, 2010, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 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 #: 27425-I**

Wendy Nelson, Administrator
Prairie View Inn
612 North Eastern Street
Sanborn, IA 51248

Date of Incident Investigation:

May 19, 2010

Monitor(s):

Michael Streepy, 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 View Inn on May 19, 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:	15
Current number of tenants with cognitive disorder:	0
Total Population:	15

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.**

Program History – There were substantiated Regulatory Insufficiencies in the areas of: Evaluation of Tenant and Service Plan during this certification period.

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

A. Staffing

Incident Allegation #27425-I: The program reports Tenant #1 had left the program on 2-3-10 and had been seeking his/her daughter on Highway 18.

- Monitoring Observation: Interview with Staff #1, the social worker, revealed the tenant had been observed on the shoulder of Highway 18 at 09:15 on 2-3-10 and as she approached she/he was returning to the program. The social worker assisted the tenant back into the building without further incident or injury. The social worker stated the tenant was appropriately dressed for the conditions with hat, coat, gloves and appropriate foot wear. The distance from the north door where the tenant exited to the location near the highway was measured at 40 yards.

  Tenant #1, an 81 year old was admitted to the program on 08-07-08 with diagnoses including: Benign Prostatic Hypertrophy, Anxiety, Transient Ischemic Attack, Cerebral Vascular Accident, Hypertension and Atrial Fibrillation. The cognitive evaluation of 01-19-10 indicated the tenant had a score of 5 on the Global Deterioration scale indicating moderately severe cognitive decline. Review of the tenant's record revealed the evaluations and service plan had been updated 01-19-10 due to increasing confusion with hallucinations, increased paranoia with medication changes. The program had initiated 2 hour checks on the tenant on 1-22-10 with no noted elopement attempts. The tenant had remained independent with eating, ambulation and transfers, bathing and toileting. The program and family member had arranged for a psychological evaluation on 1-26-10, 2 weeks prior to the incident. Interview with Staff #2, the program nurse revealed the tenant had in the past walked the grounds of the program and even to the ice cream shop across the highway and was aware of the door codes to come and go from the program. The tenant was transferred to Hope Harbor on 2-4-10.

- Regulatory Insufficiency: None noted.

Dated this 24th day of May, 2010.