IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Incident Intake: #29208-I

July 28, 2010

Christina Bricker, Administrator
Summit Pointe Senior Living Community
3505 English Glen Avenue
Marion, IA 52302-4711

RE: Final Incident Investigation Report – Summit Pointe Senior Living Community, Marion, IA

Dear Ms. Bricker:

Enclosed is the **Final Incident Investigation Report** from the on-site monitoring visit of July 14, 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 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator - Central/Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #: 29208-I**

Christina Bricker, Administrator
Summit Pointe Senior Living Community
3505 English Glen Avenue
Marion, IA. 52302-4711

Date of Incident Investigation:

July 14, 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 Summit Pointe Senior Living Community on July 14, 2010. In preparing this report, the following information was considered:

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:	31
Current number of tenants with cognitive disorder:	5
Total Population of GPP:	36

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

Total Population of DSP:	12
Total Census of ALP:	48

***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 have been substantiated Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plans, Medications, Nurse Review, Staffing, Tenant Documents, Structural Requirements, Record Checks and Other during this recertification period.

The complaint history during this recertification period, includes the Complaint Revisit investigation of #20753-C and #15910-C; and recertification Monitoring Evaluation on January 7, 2009, with Regulatory Insufficiencies in the areas of: Tenant Documents, Medications, Structural Requirements, and Other, which resulted in a $2,000.00 fine.

The incident and complaint investigations of September 22, 23 & 28, 2009 for Complaints #25077-C and #25468-C and Incidents #24485-I, 24576-I and 25166-I with Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plans, Nurse Review, Staffing, Record Checks, and Other, which resulted in a $500.00 fine.

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

A. **Evaluation of Tenant**

Incident Allegation: The program reported, staff went to Tenant #2's room on 6-8-10 at 7:00 a.m. to see if the tenant was ready for breakfast. The tenant complained of back pain and pain radiating down his/her leg. Staff attempted to assist the tenant from bed; however, when the tenant started to move he/she screamed in pain and began to cry. Staff told the tenant to stay in bed and the registered nurse (RN) was notified. The RN instructed staff to notify the tenant's family and to send the tenant to a hospital emergency room for evaluation and treatment. The tenant left by ambulance to a local hospital. Hospital records indicated the tenant sustained a compression fracture of the first lumbar vertebrae.

- Monitoring Observation: Tenant #2, an 86 year old, was admitted on 4-10-08 and has diagnoses of: Dementia, Hypertension, Irritable Bowel Syndrome, Bilateral Lower Extremity Edema, Mild Chronic Obstructive Airway Disease and Osteoporosis. The tenant was staged at four on the Global Deterioration Scale on 6-10-10, which indicated moderate cognitive decline. The tenant resided in the dementia unit.

  Service notes of 3-2-10 through 6-14-10 indicated no history of falls. Service notes of 6-8-10 indicated the RN completed a nurse review, prior to being sent to a local hospital emergency room for evaluation and treatment. The tenant was admitted to the hospital the same day and returned to the program on 6-10-10. Hospital records indicated the tenant sustained a compression fracture to first lumbar vertebrae, but the age of the fracture was undetermined. Functional and health evaluations were completed on 6-10-10. The tenant's service plan was updated on 6-10-10 and indicated staff to assist the tenant with ambulation and transfer as much as the tenant would allow as the tenant liked to be independent with mobility.

- Regulatory Insufficiency: None noted.

Dated this 28th day of July, 2010