IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Incident Intake: 29673-I

August 6, 2010

Ms. Sally Duhoux, Manager RN
Heritage House Assisted Living
1200 Brookridge Circle
Atlantic, IA 50022

RE: Final Incident Investigation Report – Heritage House Assisted Living, Atlantic, IA

Dear Ms. Duhoux:

Enclosed is the **Final Incident Investigation Report** from the on-site monitoring visit of July 29, 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 #: 29673-I**

Ms. Sally Duhoux, Manager RN
Heritage House Assisted Living
1200 Brookridge Circle
Atlantic, IA 50022

Date of Incident Investigation:

July 29, 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 Heritage House Assisted Living on July 29, 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:	60
Current number of tenants with cognitive disorder:	0
Total Population:	60

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.**

Tenant/Family Satisfaction Results – N/A

Program History – There were no substantiated Regulatory Insufficiencies found during this certification period.

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

A. Other

Incident Allegation: On 7-12-10 the program reported a laundry worker found Tenant #1 sitting on the floor in his/her bedroom. The tenant was alert but did not respond verbally to staff. No visible injury was noted but the tenant would not let staff help him/her up from the floor or tell staff what was wrong. An ambulance was called and the tenant was transported to a local hospital emergency room for evaluation. Hospital staff informed program staff the tenant had trouble sleeping and took approximately 25 Tylenol PM. The tenant's family member notified the program the tenant tried to commit suicide.

- Monitoring Observation: Tenant #1, an 82 year old, was admitted on 12-2-08 and had diagnoses of: Bipolar Disorder, History of Stroke, Hypertension, Coronary Artery Disease, Chronic Arthritis and Hypothyroidism. Annual functional, cognitive and health evaluations were completed on 7-2-10. An annual service plan was completed on 7-2-10 and indicated the tenant was independent with activities of daily living (ADLs) and was self medicating. The evaluations and service plan update did not identify any past behavior of self harm or suicidal ideation.

  Nurse's notes of 2-16-10 through 7-11-10 indicated no incident of self harm or suicidal ideation. Nurse's notes of 7-12-10 indicated the tenant was found sitting on the floor next to the bed. The tenant was alert but would not speak to staff. When asked what was wrong the tenant pointed to both shoulders. Staff attempted to help the tenant up from the floor but the tenant refused. The tenant's blood pressure was taken and the tenant's family was called. An ambulance transported the tenant to a local hospital emergency room. Hospital staff indicated the tenant reported he/she had taken several Tylenol PM through the night in an attempt to sleep. A hospital history and physical exam was completed on 7-14-10. During the exam the tenant stated he/she did not truly want to kill himself/herself. The tenant reported he/she was getting one to two hours of sleep. The tenant indicated he/she had an ongoing struggle with suicidal thinking because "I was tired of living." On 7-15-10, the tenant was discharged from the hospital and returned to the program.

  Functional and heath evaluations were completed the day the tenant returned to the program. The program nurse stated a psychiatrist's evaluation was completed on 7-12-10 as it was a better cognitive tool to use than the mini-mental status exam the program used. The tenant's service plan was updated to include assistance with showers, medications to be administered by the program and interventions related to possible self-harm and suicidal ideation. A managed risk agreement was established and listed interventions that both the tenant and program agreed to implement.

  Staff #1 stated the tenant's behavior has been appropriate since his/her return to the program. She stated the tenant had not made any suicidal statements and the tenant interacts with staff and tenants during meals and activities. Staff #2 stated the tenant

did not have a history of self harm. The tenant was pleasant, attended activities, including wellness and exercise classes. The tenant was independent with ADLs prior to moving to the second floor, but staff now administers medications to the tenant and there are interventions in the tenant's service plan related to self harm and suicidal ideation.

- Regulatory Insufficiency: None noted.

Dated this 4th day of August, 2010.