IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Incident Intake #: 31895

December 20, 2010

Ms. Darla Ueding, RN Manager
Valley View Village Assisted Living
2165 Guthrie Avenue
Des Moines, IA 50317

RE: Final Incident Investigation Report, Valley View Village Assisted Living, Des Moines, Iowa

Dear Ms. Ueding:

Enclosed is the **Final Incident Investigation Report** 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.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiency, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #: 31895**

Darla Ueding, RN Manager
Valley View Village Assisted Living
2165 Guthrie Avenue
Des Moines, IA 50317

Date of Incident Investigation:

November 29, 2010

Monitor(s):

Joyce Kix, RN
Lori Miner, RN BSN

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 Valley View Village Assisted Living on November 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:	49
Current number of tenants with cognitive disorder:	2
Total Population:	51

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 – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Staffing

Incident Allegation: The program reported that Tenant #1 fell and sustained an injury that required hospitalization.

- Monitoring Observation: Tenant #1 is an 85 year-old admitted on 10-12-10 with diagnoses of: Coronary Artery Disease, Renal Insufficiency, Hyperlipidemia, Diabetes, Sleep Apnea, Hypertension, Pontine Stroke, Depression and Anemia. Tenant scored 29 out of 30 on the Mini-Mental State Exam (MMSE) which indicated normal mental functioning. Pertinent medications included Insulin and Coumadin, a blood thinner. The service plan dated 11-10-10 indicated the tenant ambulated independently within the apartment.

  On 11-22-10 at approximately 2:30 a.m., Tenant #1 called for assistance. Staff #2 found that Tenant #1 had fallen and had struck his/her face on something, possibly the doorknob. The tenant's nose was bleeding. The tenant reported he/she had been walking around the bed when he/she lost balance and fell. The tenant did not want 911 called. Staff #2 notified the program registered nurse (RN) by phone. The RN instructed Staff #2 to check on the tenant every hour. Documentation, completed by Staff #2 after the fact and after the request of the Department of Inspections and Appeals, indicated Staff #2 had applied ice and the bleeding subsided. The clinical record did not contain direction from the RN to the universal worker how to or what to observe following a potential head injury. The RN documented a late entry on 11-22-10 at 7:00 am which indicated the tenant was taken to the hospital due to concern about the swelling by Tenant #1's eye. Later in the day, family reported the tenant had sustained a fracture in a bone around the eye and the tenant was admitted and remains at the hospital.

  The incident report dated 11-22-10 indicated the tenant had a bloody nose and suspected head trauma. There was no documentation of vital signs or blood sugar. The RN stated she did not direct Staff #2 to check vital signs or blood sugar, although an interview with Staff #2 indicated blood sugar had been checked but not documented. The RN indicated there is no head injury policy/procedure. A review of the personnel record for Staff #2 indicated there had been no training or delegation by the RN to check blood sugars.

  The program failed to provide appropriate observation after a fall and failed to adequately train staff for all tasks required.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r.481-67.9(1))

Dated this 17th day of December, 2010.