IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake #: 31646-M

January 6, 2011

Mr. Patrick Tomscha, Administrator
Holy Spirit Assisted Living
1701 W. 25th Street
Sioux City, IA 51103

RE: Final Incident Investigation Report, Holy Spirit Assisted Living, Sioux City, Iowa

Dear Mr. Tomscha:

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 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 31646-M**

Patrick Tomscha, Administrator
Holy Spirit Assisted Living
1701 W. 25th Street
Sioux City, IA 51103

Date of Investigation:

December 6 & 7, 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 a Complaint 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 incident investigation on-site visit was conducted at Holy Spirit Assisted Living on December 6 & 7, 2010. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that does is not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	22
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	22

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

Total Population of DSP:	11

Total Census of ALP: 33

***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.

Incident Investigation – The investigator(s) made the observations detailed in the following areas.

A. Other

Incident Allegation: The program reported 47 Hydrocodone 10mg/650mg tablets missing from Tenant #1's locked narcotic box located in the tenant's room.

- Monitoring Observation: Tenant #1, an 83 year old, was admitted on 6-29-09 and had diagnoses of: Dementia, Edema, Arthropathy, Hypothyroidism, Hypertension, Diabetes Mellitus, Degenerative Joint Disease, Polymyalgia Rheumatica, Gastro Esophageal Reflux Disease, Degenerative Disc Disease, Cardimegaly and Urinary Frequency. Medication Administration Records of 11-2010 indicated the tenant was prescribed Hydrocodone 10mg/650mg tablets – one tablet twice daily. Narcotic count of 10-30-10 at 10:30a.m. indicated 47 tablets of Hydrocodone 10mg/650mg were counted. A narcotic count was completed at 3:30p.m., the same day and 47 tablets of Hydrocodone were missing. The program notified the department on 11-4-10 and not within 24-hours as required. The Administrator stated he thought he had five days to report the missing narcotics. A dependent adult abuse investigation is ongoing.

- Regulatory Insufficiency: A staff member or employee of a facility or program who, in the course of employment, examines, attends, counsels, or treats a dependent adult in a facility or program and reasonably believes the dependent adult has suffered dependent adult abuse, shall report the suspected adult abuse to the department. (235E.2(2))

Dated this 6th day of January , 2011.