IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Incident Intake: 34391-I

July 15, 2011

Colleen Henderson, Administrator
MeadowView Memory Care Village
3005 F Avenue NW
Cedar Rapids, IA 52405

RE: Final Incident Investigation Report – MeadowView Memory Care Village, Cedar Rapids, IA

Dear Ms. Henderson:

Enclosed is the **Final Incident Investigation Report** from the on-site monitoring visit of July 11, 2011, 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 515/281-7039.

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 #: 34391-I

Colleen Henderson, Administrator
MeadowView Memory Care Village
3005 F Avenue NW
Cedar Rapids, IA 52405

Date of Incident Investigation:

July 11, 2011

Monitor(s):

Stephanie Cummins, MA

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 MeadowView Memory Care Village on July 11, 2011. In preparing this report, the following information was considered:

Current Program Census:

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

Total Population of DSP:	46
Total Census of ALP:	46

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Program History – The program received a regulatory insufficiency in the area of Service Plan during this certification period.

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

A. Other

Incident Allegation: The Program reported a tenant was found lying on the floor on his/her back beside the bed. The tenant complained of back pain and nausea and was turned to his/her side and vomited twice. The tenant was transported by ambulance to a hospital and was diagnosed with an acute subdural hematoma.

- Monitoring Observation: Tenant #1 (the Tenant), a 92 year old, was admitted on 4-3-09 and diagnoses include: Dementia, Pulmonary Hypertension, Constipation, Pain, Osteoporosis and Right Trochanter Fracture. The Tenant was staged at six on the Global Deterioration Scale, which indicated severe cognitive decline. The Tenant received Hospice services and was discharged from the Program on 6-7-11.

  According to an Incident Report Form, on 6-3-11 at 5:00 a.m. Staff Member #1 checked on the Tenant and found him/her at the foot of the bed with the corner of his/her blanket wrapped around his/her feet. The Tenant was on his/her back, complained his/her back hurt and said he/she was going to vomit. Staff Member #1 turned the Tenant on his/her side and the Tenant vomited a small amount two times. No other injuries were noted and the Tenant did not complain of any head pain. The Tenant said he/she felt nauseated and needed to go to the bathroom. The Tenant was sent to a hospital via ambulance. The incident was reported to a nurse at 5:15 a.m.

  The Tenant had two other incidents in the past three months. According to an Incident Report Form, on 3-22-11 bruising was noted on the Tenant's back. The time and location of the incident were unknown. According to an Incident Report Form, on 5-17-11 the Tenant was observed on the floor by the bed. A staff member assisted the Tenant to the bathroom and the Tenant lost his/her balance and fell. The Tenant hit his/her back on the side of the bed. One large scrape was found on the Tenant's

left side. Two scrapes were found near the Tenant's left shoulder blade. The Tenant had no complaints of pain.

The service plan indicated the Tenant ambulated with stand by assistance and a four wheeled walker. The Tenant was not steady enough to ambulate unsupervised. Staff was to provide the Tenant with frequent rest periods during activity as he/she had a tendency to become dyspenic and fatigued. The Tenant had an unsteady gait and a history of leaning episodes. The service plan also indicated staff members utilized a wheelchair for transfers if increased fatigue was noted. According to Nurse's Notes dated 6-3-11, night shift reported that at 5:00 a.m. the Tenant was observed on the floor at the foot of his/her bed with the corner of the blanket wrapped around his/her feet. The Tenant was on his/her back and complained of back pain. The Tenant complained of nausea and staff assisted the Tenant to his/her side and he/she had small emesis two times. The Tenant had no other injuries at that time and denied head pain. The Director of Nursing was notified and the Tenant was sent to a hospital via ambulance. Hospice was notified and contacted family. The hospital called and the Tenant was admitted with a diagnosis of a subdural hematoma. Due to a do not resuscitate status and comfort measures only; the hospital, Hospice and the Tenant's family looked for further placement.

Staff Member #1 was interviewed. She worked third shift at the time of the incident. She checked on the Tenant in his/her apartment and saw the Tenant lying at the end of the bed twisted in a blanket. The Tenant said he/she was going to the bathroom because he/she needed to vomit. The Tenant said he/she wanted to vomit so she slightly turned him/her on his/her side so the Tenant could vomit. The Tenant vomited twice and was shaky. She covered the Tenant with a blanket and asked the Tenant if he/she was in pain. The Tenant reported he/she had back pain. The nurse on call was contacted and the Tenant was sent out to the hospital. The ambulance arrived approximately 10 to 15 minutes after called and the Tenant was taken to a hospital. She gave report to the oncoming shift. She said the Tenant received good care during the incident and it was handled appropriately.

Staff Member #2, a licensed practical nurse, was interviewed. She worked the oncoming shift after the incident and completed a narrative in the notes related to the incident. She came in at 6:00 a.m. for her shift. She spoke with third shift staff, reviewed the incident report and wrote a narrative. She followed up with the hospital and the Tenant was diagnosed with a subdural hematoma. She said the Tenant received good care and the incident was handled appropriately.

The Tenant did not return to the Program after the incident and was discharged on 6-7-11.

An incident report was completed related to the incident and the Department was notified of the incident appropriately.

- Regulatory Insufficiency: None noted.

Dated this 14th day of July, 2011.