IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 35160-C

August 30, 2011

Daryl Dusharm, Administrator
Pioneer Place Assisted Living
501 East Pioneer Road
Lone Tree, IA 52755

RE: Final Complaint Investigation Report, Pioneer Place Assisted Living, Lone Tree, Iowa

Dear Mr. Dusharm:

Enclosed is the **Final Complaint 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 Complaint 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

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

Assisted Living Program: **Complaint Intake #: 35160-C**

Daryl Dusharm, Administrator
Pioneer Place Assisted Living
501 East Pioneer Road
Lone Tree, IA 52755

Dates of Investigation:

August 1 & 2, 2011

Monitor(s):

Margaret Kaltefleiter, RN MS

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:

A complaint investigation on-site visit was conducted at Pioneer Place Assisted Living on August 1 & 2, 2011. In preparing this report, the following information was considered:

Current Program Census:

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

Current number of tenants without cognitive disorder:	9
Current number of tenants with cognitive disorder:	0
Total Population of GPP:	9

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

Total Population of DSP:	8
Total Census of ALP:	17

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

Program History –

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

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

A. Food Service

During the course of the investigation, the following was observed.

- Monitoring Observation: Four staff files were reviewed. Staff #1, #2, #3 and #4 worked in the memory care unit and served food. Staff #1 completed an annual in-service training on sanitation and safe food handling on 4-9-10. Staff #2 and #3 did not have any training on sanitation and safe food handling. Staff #4 completed annual in-service training on sanitation and safe food handling on 6-8-10.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (IAC r. 481-69.28(5))

B. Other

Complaint Allegation: It was alleged that an incident was not handled appropriately.

- Monitoring Observation: Tenant #1 (the Tenant), a 98 year old, was admitted on 4-3-08 and diagnoses include: Dementia and Prosthetic Aorta. The Tenant was staged a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. According to a Resident Event Report and Notification form, on 7-21-11, the Tenant stated he/she wanted keys to go milk the cows and feed the pigs. The Tenant forcibly took keys from the staff member and struck another tenant's family member. No injuries were suffered. According to the Nurse's Notes on 7-22-11, it was documented that an event occurred at approximately 7:30 p.m. the evening before. The Tenant took the keys and pendant from the Universal Worker and refused to give them back. The Tenant said he/she needed to milk the cows and feed the pigs. There were no reported injuries at the time. The Nurse indicated the staff member used appropriate interventions as stated on the service plan. The staff member gave the tenant some space to prevent further altercations and confrontations. Staff was trained to be kind, calm and patient and to make sure the Tenant remained safe. Another tenant's family member intervened in the situation asking for the keys to be returned. The Tenant said no and hit the family member on the right hand. The family member did not suffer any injuries. The Tenant did not like others around him/her when he/she is upset; he/she appeared to interpret it as a challenge, as confrontation. By 10:25 p.m. the Tenant had fallen asleep and the keys were removed from his/her possession.

  Tenant #2 (the Tenant), an 89 year old, was admitted on 5-21-07 and diagnoses include: Dementia, Hypertension, Hyperlipids, B-12 Anemia and Peripheral Vascular Disease. The Tenant scored 18 out of 30 on the Mini Mental State. A GDS was not completed. A Fall Assessment form completed on 7-1-11 indicated a nurse went to the memory unit due to the pendant alarming. The Tenant was found lying on the floor on his/her left side. The Tenant was assessed and Range of Motion (ROM) performed. The Tenant denied any pain and was assisted up and placed in a chair. The Tenant could not recall what occurred to cause the fall. Follow up Assessments were completed for 72 hours after the incident.

  Tenant #3 (the Tenant), a 78 year old, was admitted on 8-24-10 and diagnoses include: Dementia, Arthritis, Congestive Heart Failure, Anemia, Anxiety and Coronary Obstructive Pulmonary Disease. The Tenant was staged at a five on the GDS, which indicated moderately severe cognitive decline. A Fall Assessment form completed on 5-6-11 indicated the Tenant rolled out of bed and hit his/her nose and suffered a slight nose bleed that was easily stopped. A small abrasion was noted on the bridge of the nose. The Tenant complained of right knee pain. Neurological checks were completed for 24 hours after the incident. Follow up checks were completed for 72 hours after the incident.

  Staff #5, #6, #7 and the Nurse stated there was enough staff to meet the needs of the tenants. Staff #5, #6, #7 and the Nurse stated that there were no tenants who exceeded the level of care.

- Regulatory Insufficiency: None noted.

Dated this 26th day of August, 2011.