IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 35400-C

October 4, 2011

Ms. Jean Greeley, Administrator
Prairie Hills at Clinton
1701 13th Avenue North
Clinton, IA 52732

RE: Final Complaint/Incident Investigation Report, Prairie Hills at Clinton, Clinton, Iowa

Dear Ms. Greeley:

Enclosed is the **Final Complaint/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 Complaint/Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiencies, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Jean Greeley, Administrator
Prairie Hills at Clinton
1701 13th Avenue North
Clinton, IA 52732

Complaint/Incident Intake#: 35400-C

Date of Complaint/Incident Investigation:

September 6, 2011

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	61
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	64
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	3
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	7
TOTAL census of Assisted Living Program	70

Program History – The program received regulatory insufficiencies during this certification period in the areas of Service Plan, Medications and Staffing.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Evaluation

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Four tenant files were reviewed.

  Tenant #1 (the Tenant), a 76 year old, was admitted on 11-6-10 and diagnoses include: Memory Loss and Hypertension (HTN). The Tenant resided in the dementia unit and was discharged on 5-28-11. The service plan was updated on 1-31-11 and reflected interventions related to behaviors. A cognitive evaluation was completed; however, health and functional evaluations were not completed as needed.

  Tenant #2 (the Tenant), an 82 year old, was admitted on 4-12-10 and diagnoses include: Alzheimer's Disease, Colon Cancer and Diverticulosis of Colon. The Tenant was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. The Tenant resided in the dementia unit and was discharged on 4-14-11. Nurse's Notes dated 1-6-11 indicated the Tenant went in and out of other tenants' apartments and was difficult to redirect at times. According to notes, the Tenant's family agreed to a move to the dementia unit. The Tenant moved to the dementia unit on 1-10-11.

The service plan was updated and a health evaluation was completed; however, cognitive and functional evaluations were not completed as needed. Nurse's Notes from 3-17-11 to 4-7-11 indicated the Tenant raised fists at staff, voided in inappropriate places, refused cares, had an increase in combative behaviors, had a decreased appetite and threatened staff. Evaluations were not completed as needed.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Tenant Documents

Complaint/Incident Allegation: It was alleged there were not incident reports for incidents that occurred at the Program.

- Monitoring Observation:

A file was reviewed for Tenant #1 (the Tenant). According to Nurse's Notes dated 1-29-11 a nurse was called in due to an incident that occurred on the night before. According to an Accident and Incident Report, on 1-28-11, the Tenant was physically aggressive with a staff member. The responsible party was notified. The Nurse and the Administrator reviewed the report. According to Nurse's Notes dated 3-7-11, the Tenant was found with a head laceration during routine checks. According to an Accident and Incident Report, on 3-7-11 the Tenant reported he/she stood up and fell. The Tenant thought he/she hit the corner of a shelf unit. A small bump was noted on the right parietal area of the head. The third and fourth fingers on the right hand had lacerations on the underside. An ice pack was applied to the right side of the head, the lacerations were cleansed and gauze was applied to cover. The responsible party was notified. The Nurse and the Administrator reviewed the report. According to Nurse's Notes and Accident and Incident Reports, the Tenant had Accident and Incident Reports completed with incidents.

A file was reviewed for Tenant #2 (the Tenant). According to Nurse's Notes dated 2-7-11, there was a follow up note due to a fall on 2-5-11. According to an Accident and Incident Report, on 2-5-11 at 12:15 a.m. the Tenant was up and staff started down the hallway and saw the Tenant "flying out" of Tenant #1's apartment. The Tenant landed across the hall on his/her right side. An ambulance was called. The Tenant complained his/her right hip hurt; however, he/she did bear weight on it. The Tenant returned to the Program. A nurse assessed the Tenant on 2-7-11 and indicated there was no bruising noted but the Tenant complained of slight increase of right hip discomfort. The responsible party was present at the time of the incident. The Nurse and the Administrator reviewed the report. According to Notes dated 3-3-11, an incident occurred on 3-2-11.

According to an Accident and Incident Report, on 3-2-11 at 5:10 p.m. the Tenant was found eating gel out of a plant bowl. The responsible party, a nurse and Poison Control were notified. A follow up note was made on the report which indicated the Tenant was up and about per usual. The Tenant was out to meals with a good appetite and had no signs and symptoms of abdominal pain. The Nurse spoke with a staff member at Poison Control regarding the follow up assessment. The Nurse and the Administrator reviewed the report. According to notes on 4-7-11, the Tenant was found on the floor and was transported to the emergency room via ambulance. According to an Accident and Incident Report, on 4-7-11 at 9:55 p.m. the Tenant was going to stand on the blue chair and staff walked towards him/her to redirect the Tenant. He/she fell off balance and landed on the floor on the left side. The Tenant would not let staff move or reposition him/her. The Tenant flinched in pain and became combative. Staff was not able to obtain vitals because the Tenant was not cooperative. The responsible party, the nurse on call and 911 was called. The Nurse and the Administrator reviewed the report. Notes dated 4-8-11, indicated the Tenant was admitted to the hospital with a left hip fracture and fracture of pelvis. The Tenant ambulated independently and did not have a history of falls, according to notes. According to Nurse's Notes and Accident and Incident Reports, the Tenant had Accident and Incident Reports completed with incidents.

Tenant #3 (the Tenant), a 77 year old, was admitted on 10-14-10 and diagnoses include: Dementia, Depression, History of Urinary Tract Infections, Anxiety and Pain. The Tenant was staged at a six on the GDS, which indicated severe cognitive decline. The Tenant resided in the dementia unit and was discharged. According to Nurse's Notes dated 5-23-11, the Tenant was assessed due to a fall. According to an Accident and Incident Report, on 5-23-11 at 4:30 a.m. staff found the Tenant on the floor by the door. The Tenant did not know what happened. The responsible party was notified. The Nurse and the Administrator reviewed the report. Notes dated 8-17-11 indicated the Tenant was found on the floor. According to an Accident and Incident Report, on 8-17-11 at 5:05 a.m. the Tenant was found on the floor with his/her body in front of the door. The Tenant was unable to get up without any help. The Tenant complained of left hip pain. A nurse and the responsible party were called. The Tenant was able to get up off the floor and the responsible party got him/her ready for the day. Notes indicated the Tenant walked to the kitchen without signs and symptoms of pain with ambulation. The Tenant's gait was steady. According to Nurse's Notes and Accident and Incident Reports, the Tenant had Accident and Incident Reports completed with incidents.

Tenant #4 (the Tenant), a 91 year old, was admitted on 11-25-06 and diagnoses include: Status Post Cerebral Vascular Accident, Dizziness, Coronary Artery Disease, Angina, HTN, High Cholesterol, Arthritis, Hypothyroidism, Depression, Neuropathic Pain, Insomnia and Pacemaker. According to Nurse's Notes dated 6-21-11, a follow up note was made regarding a fall the night before. According to an Accident and Incident Report, on 6-20-11 at 6:30 p.m. the Tenant called for assistance via the call button and staff found the Tenant lying on his/her back in the bedroom. The Tenant reported he/she was not wearing the pendant and fell by the door in the kitchen and crawled to the bedroom. The Tenant had no complaints of pain. The responsible party was notified. Notes dated 7-5-11 indicated a follow up note was made regarding a fall on 7-4-11.

According to an Accident and Incident Report, on 7-4-11 at 8:30 p.m. the Tenant was found sitting on the floor in front of the bed. The Tenant said he/she slipped and fell on his/her knee. The Tenant did not complain of pain at that time and the Tenant's hips and legs were checked. The responsible party was notified. According to Nurse's Notes and Accident and Incident Reports, the Tenant had Accident and Incident Reports completed with incidents.

The Program's policy on Accident and Incident Reports indicated the Program maintained reports of accidents and incidents that occurred on the grounds or regarding the tenants. The Nurse delegated incident reports to staff and provided the documentation of the delegation. Staff #1, Staff #2, the Nurse and the Administrator reported incident reports were completed for all incidents and staff was trained on incident reports. They reported incident reports were available for staff to complete.

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Incident reports were consistently documented related to incidents. The requested incident reports were provided to the monitors.

- Regulatory Insufficiency: None noted.

Dated this 3rd day of October, 2011.