IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake: 35948-M
35913-A
35915-A

October 20, 2011

Mr. Daryl Dusharm, Administrator
Pioneer Place Assisted Living
415 East Pioneer Road
Lone Tree, IA 52755

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

Dear Mr. Dusharm:

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 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

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

Complaint/Incident Intake #: 35948-M
35913-A
35915-A

Date of Complaint/Incident Investigation:

September 19-29, 2011

Monitor(s):

Stephanie Cummins, MA

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:	11
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	11
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	8
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	20

Program History – The program received regulatory insufficiencies in the areas of: Service Plan, Medications, Staffing and Other (Policy and Procedure and DAA Training) during the February 2010 recertification and incident visit.

The program received a regulatory insufficiency in the area of Food Service during the August 2011 complaint investigation.

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

A. Other

Complaint Allegation 35915-A: It was alleged a tenant sustained injuries and the tenant was overheard saying a staff member hit him/her so the tenant hit the staff member back.

Complaint Allegation 35913-A: It was allegedly reported a tenant swung at a staff member during lunch. It was alleged it was later observed the tenant had injuries. It was alleged the tenant said he/she swung at her and she came after the tenant. It was alleged the tenant sustained an injury and was seen by a physician.

Incident Allegation 35948-M: The Program reported a tenant had an injury of an unknown origin and the tenant and staff member had been separated.

- Monitoring Observation: According to Internal Investigation Notes, on 9-15-11 it was reported to the Director of Nursing (DON) that one of the tenants had an injury of unknown origin and at some point the tenant mentioned that he/she had a "fight" with a staff member. To ensure safety of all tenants a head to toe assessment of all tenants was performed on 9-16-11, according to the notes. Separation was provided

between the alleged staff member and the tenant, the Department was notified and the Program completed an internal investigation.

- Regulatory Insufficiency: None noted.

B. Tenant Documents

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

- Monitoring Observation: Tenant #1 (the Tenant), an 86 year old, was admitted on 2-15-11 and diagnoses include: Status Post (S/P) Cholecystectomy with Post Op Delirium Secondary to Narcotics (5/11), Memory Loss, Severe Hearing Loss, Hypertension, Hyperlipidemia, Leukocytosis, Polycythemia Vera, Dementia, Coronary Artery Disease and S/P Left Hip Fracture. The Tenant resided in the dementia unit.

  According to Nurse's Notes dated 9-16-11 at 8:30 a.m., a late entry for 9-15-11 at 1:30 p.m., a universal worker reported to the DON the Tenant had a superficial skin tear on the right elbow. An incident report was not completed at the time of the incident related to the skin tear.

  According to Nurse's Notes dated 9-15-11 at 5:35 p.m. the Tenant requested a nurse wipe of the back of his/her right ear and it was wiped with a wet cotton ball. Blood was found on the cotton ball and a deep laceration was noted on the back side of the pinna. The laceration was bleeding and was cleaned with natural saline and cotton ball and was approximated with a steri strip. A Resident Event Report and Notification document was found; however, the report was not signed, timed or dated by the person who completed the form. The report addressed the laceration to the back of the ear and also indicated a skin tear on the outer surface of the right elbow was cleaned with natural saline and approximated with steri strips. An incident report was not completed when the universal worker notified the DON of the skin tear on the right elbow at 1:30 p.m. and was not documented on a report until the injury to the Tenant's ear was discovered at 5:35 p.m.

  An incident report was not completed when the skin tear was initially observed by the universal worker and reported to the DON.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record) (IAC r. 481.69.25(1)(o))

C. Dementia-Specific Education

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

- Monitoring Observation: Staff #1 worked in the dementia specific unit and did not have eight hours of dementia-specific education annually.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. (IAC r. 481-69.30(3))

Dated this 19th day of October, 2011.