IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake:

October 26, 2011

36051-I

Ms. Kari Wittmeyer, Director
Ellen Kennedy Living Center
1177 7th Street SW
Dyersville, IA 52040

RE: Final Complaint/Incident Investigation Report – Ellen Kennedy Living Center, Dyersville, IA

Dear Ms. Wittmeyer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of October 17, 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 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint/Incident Intake #: 36051-I

Kari Wittmeyer, Director
Ellen Kennedy Living Center
1177 7th Street SW
Dyersville, IA 52040

Date of Complaint/Incident Investigation:

October 17, 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:	28
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	31
TOTAL census of Assisted Living Program	31

Program History – There were no substantiated Regulatory Insufficiencies found during this certification period.

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

A. Staffing

Complaint/Incident Allegation: The Program reported a tenant pushed his/her emergency button and staff responded. The tenant was found on the floor in front of his/her recliner. The tenant did not have any apparent injuries. During morning cares the next day the tenant reported left side pain. The tenant was sent to the Emergency Room (ER) and an x-ray revealed a left rib fracture.

- Monitoring Observation: Tenant #1 (the Tenant), an 81 year old, was admitted on 6-24-11 and diagnoses include: Iron Deficiency Anemia, Insulin Dependent Diabetes, Atrial Fibrillation, Thrombocythemia, Hyperglycemia, Hyperlipidemia, Hypertension, Peripheral Vascular Disease, Cerebral Vascular Accident, History of Orthostatic Hypotension and Dermatitis.

  According to an Incident Report, on 9-23-11 staff was called to the Tenant's apartment at 8:30 p.m. When staff arrived the Tenant was seated on the floor in front of the recliner. The Tenant stated he/she was fine and had no apparent injuries to the limbs. The Tenant stated he/she had a plastic protector on the recliner and he/she slipped out of the chair. The Tenant was lifted back into the chair and the piece of plastic was removed from the chair.

  According to an Incident Report, on 9-24-11 at 6:30 a.m. staff went to the Tenant's apartment to get him/her get up and dressed. The Tenant was in the recliner and held his/her left side and complained of pain. Staff looked at the area and did not see any bruising or blood. The Tenant requested staff notify his/her family. The Tenant's family members were informed of the situation and family arrived at the Program.

The Tenant was worried that a car transfer would be too painful and staff discussed calling an ambulance when family arrived. The Nurse was called and advised staff to call 911 for a safe transfer. The Tenant was transferred to the ER and an x-ray revealed a left rib fracture.

According to a hospital record, the Tenant was ordered a Lidoderm Patch on for 12 hours and off for 12 hours and Ibuprofen 200 mg two to three tablets every six hours as needed for pain.

Communication Notes indicated the Tenant returned to the Program on 9-24-11. Notes from 9-24-11 to 9-26-11 indicated staff checked on the Tenant, assisted the Tenant with transfers and the pain patch was effective. Notes dated 9-27-11, indicated the pain patch was discontinued because insurance did not cover it and Tramadol 50 mg three times daily for 30 days was ordered.

According to an Incident Report, on 9-27-11, at 4:30 p.m. staff checked on the Tenant and he/she was vomiting and had broken out in a cold sweat and continued to vomit when checked at 5:00 p.m. and 5:30 p.m. Staff changed the Tenant into pajamas and transferred him/her to bed; the Tenant was in a very cold sweat. Staff called a nurse and the Director and it was decided to transfer the Tenant to the hospital. Staff tried to contact family with no answer. The ambulance arrived and the Tenant's blood pressure came up and blood sugar was tested in the 200's. The Tenant was sent out to the hospital and family called back and agreed to meet the Tenant at a local hospital.

Communication Notes indicated the Tenant was transferred to another hospital for elevated potassium and possible Gastro Intestinal Bleed. Notes indicated a scope was done on 9-28-11. Notes dated 10-3-11 indicated a psych consult was ordered and the doctor felt the Tenant needed skilled/rehabilitation prior to return to the Program. Notes dated 10-10-11 indicated the Tenant was at a nursing facility for skilled/rehabilitation. Notes dated 10-13-11 indicated the Nurse called to check on the Tenant's progress and was informed the Tenant was hospitalized with Pneumonia since 10-12-11.

Staff #1 was interviewed and said she was called to the Tenant's apartment and found the Tenant seated in front of the recliner and wheelchair. The Tenant said he/she was fine. The Tenant said he/she had a piece of plastic covering a new recliner. The plastic moved from underneath the Tenant. Staff #1 called a co-worker and they lifted the Tenant up and put him/her back into the recliner. The plastic was removed from the recliner. The Tenant moved all extremities, was not in any pain and the Tenant reported he/she was okay. The Tenant was checked at 9:15 p.m. and he/she was sleeping in the chair. Night shift staff checked on the Tenant and he/she was sleeping.

Staff #2 was interviewed and said she went into the Tenant's apartment to help with morning cares at 6:30 a.m. and the Tenant was in the recliner. Third shift told her they had checked on the Tenant throughout the night and the Tenant had slept. When the Tenant woke he/she clinched when sat up and grabbed the left side of the stomach. She checked the Tenant's side and she did not observe any bleeding or bruising. The Tenant asked her to call family and family arrived at the Program.

The Nurse was contacted regarding the incident. A decision was made to send the Tenant to the hospital via ambulance.

The Nurse said the Tenant fell and staff did not observe any injury and the Tenant did not complain of pain. The next morning Staff #2 called her and said the Tenant had pain on the left side and there was no bruising. The Tenant wanted to go to his/her personal doctor and the Tenant's family was called. The Tenant was taken to the ER via ambulance and was diagnosed with a left rib fracture. The Tenant returned to the Program the same day.

Staff #1 and Staff #2 said there was sufficient staff to meet the needs of the tenants. Staff #1 and Staff #2 did not identify any tenants that exceeded the appropriate level of care. Staff #1 and Staff #2 said the incident was handled appropriately. The Nurse and the Director said there was sufficient staff to meet the needs of the tenants. The Nurse and the Director did not identify any tenants that exceeded the appropriate level of care. The Nurse and the Director said the incident was handled appropriately.

Nurse reviews and evaluations were completed as needed. The service plan was updated as needed. The Tenant had a Managed Risk for falls and received physical therapy at the time of the fall.

The Program reported the incident to the Department. Incident reports were completed as needed.

- Regulatory Insufficiency: None noted.

Dated this 25th day of October, 2011.