IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 36898-I

January 25, 2012

Mr. Stephen King, Administrator
Rose of Ames
1315 Coconino Road
Ames, IA 50014

RE: Final Complaint/Incident Investigation Report, Rose of Ames, Ames, Iowa

Dear Mr. King:

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.

The Request for Reconsideration regarding Policies and Procedures has been denied due to the tenant fell five times in September and documented in incident reports. The Request for Reconsideration regarding Staffing has been denied due to documentation that was submitted indicates dietary staff received no training on fall procedures.

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:

Stephen King, Administrator
Rose of Ames
1315 Coconino Road
Ames, IA 50014

Complaint/Incident Intake #: 36898-I

Date of Complaint/Incident Investigation:

December 20, 2011

Monitor(s):

Lori Miner, RN BSN

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:	55
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	55
TOTAL census of Assisted Living Program	55

Program History – The programs has not received any regulatory insufficiencies during this certification period.

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

A. Policies and Procedures

During the course of the investigation, the following was noted:

Monitoring Observation: At exit, the Nurse Coordinator provided the Managed Risk Agreement for Tenant #1. The Program initiated a Managed Risk Agreement dated 1-20-11 for Tenant #1 related to falls. The agreement stated under "monitoring and follow-up" if the Tenant continued to fall more than once per week, the Tenant would no longer be able to remain at the Program. Visit notes dated 9-23-11 stated Tenant #1 averaged one to three falls per week, generally with no obvious injury. The Program provided incident reports documenting falls on the following dates during the month of September, 2011: 12th-missed the chair when sitting down and sat on floor; 13th-making bed after shower and fell; 14th-lost balance while at farmer's market and fell; 25th-making bed and went to knees; 27th-getting out of shower and fell to knees. Tenant 1 decided not to return to the Program after sustaining fractured ribs in a fall in October, 2011.

The Program did not follow its procedure as outlined in the managed risk agreement with Tenant #1. Tenant #1 sustained more than one fall in a week.

- Regulatory Insufficiency: Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. (IAC r. 481-67.2)

B. Program Reporting to the Department

Complaint/Incident Allegation: On 11-18-11 the Program reported three incidents to the department. Tenant #1 was reported to have fallen and sustained fractured ribs on 10-6-11. Tenant #2 was reported to have fallen and sustained fractured ribs on 11-7-11. Tenant #3 was reported to have fallen and sustained a fractured hip on 11-14-11.

- Monitoring Observation: Tenant #1, a 73 year-old was admitted on 6-9-09 and had diagnoses of Epilepsy, Hypothyroidism, Arthritis, and Vertigo. On 9-13-11, Tenant 1 scored 10 of 11 points on the mental status questionnaire which indicated no to mild impairment. The functional assessment completed 9-13-11 indicated Tenant #1 was independent for transfer and ambulation, but did use a walker at all times. Tenant #1 had a managed risk agreement for falls dated 1-20-11. Notes dated 3-15-11 indicated Tenant #1 had seen a neurologist for evaluations of falls. Documentation attached to an incident report dated 10-6-11 indicated Tenant #1 had received physical therapy to improve walking ability. Documentation on the managed risk agreement indicated Tenant #1was to wear the call pendant at all times, refrain from activity that requires bending or leaning, and the Tenant was provided with a tool for reaching and grabbing. At 8 p.m. on 10-6-11, a staff member went into the Tenant's apartment and found Tenant #1 on the floor of the bathroom. Tenant #1 stated he/she was trying to pick up clothes off the floor and lost balance. Tenant #1 landed on the ledge of the shower with a red mark on the left side of the back. Tenant #1 initially denied pain. Later in the day, Tenant #1 used the call pendant and complained of pain. Tenant #1 was transported to the hospital via ambulance and was treated for pain from fractured ribs. An incident report was completed. Tenant #1 was admitted to a higher level of care following hospitalization on 10-11-11.

  The homemaker care plan dated 9-16-11 indicated Tenant #1 had a history of falls, and used a walker at all times, and had a call pendant. Staff #3 stated she was given instructions on fall interventions for Tenant #1. Three staff stated Tenant #1 was independent with ambulation, and falls occurred when Tenant #1 was in the apartment.

  Tenant #1 was independent with ambulation at the time of the fall and had no cognitive impairment. The fall occurred in the Tenant's apartment. The Program had initiated evaluations and a managed risk agreement prior to the falls.

  Tenant #2, a 76 year-old, was admitted on 7-27-06 and had diagnoses of Hypertension (HTN), Arthritis, Chronic Obstructive Pulmonary Disease, Diabetes, Early Dementia, and Low Vision in both eyes. On 9-2-11, Tenant #2 scored 11 of 11 points on the mental status questionnaire which indicated no to mild impairment. The functional assessment dated 10-27-11 indicated Tenant #2 was independent with ambulation and transfers and required no assistive devices. An incident report dated 11-7-11 and timed 10:30 p.m. indicated Tenant #2 used the call pendant. Tenant #2 was found on the floor of the bedroom and stated he/she fell by the closet after losing balance, and pulled himself/herself into the bedroom to reach the call pendant. Initially, Tenant #2 stated the back hurt a little. Three hours later Tenant #2 reported increased back pain, and was instructed to be evaluated. Tenant #2 refused, and was given medication for pain. Another two hours later, Tenant #2 indicated pain had

increased. Tenant #2 was transferred to the hospital via ambulance and was admitted for two fractured ribs. Tenant #2 returned to the Program on 11-23-11.

Tenant #2 was independent with ambulation at the time of the fall and had no cognitive impairment. The fall occurred in the Tenants' apartment.

Tenant #3, an 83 year-old was admitted on 1-10-09 and had diagnoses of Diabetes, Arthritis, and HTN. On 11-3-11, Tenant #3 scored 11 of 11 points on the mental status questionnaire which indicated no to mild impairment. The functional assessment dated 11-3-11 indicated Tenant #3 was independent with ambulation and transfers and required no assistive devices. An incident report dated 11-14-11 and timed at 2:43 p.m. indicated Tenant #3 used the call pendant, and was found lying on the left side at the foot of the bed. Tenant #3 stated while turning around at the end of the bed, lost balance and landed "hard" on the left side. Tenant #3 was transported to the hospital via ambulance and admitted for a left hip fracture. The Tenant remained out of the Program at the time of the onsite visit.

All three tenants were independent in their apartments at the time of the fall. All three tenants had no cognitive impairment.

- Regulatory Insufficiency: None noted.

C. Staffing

During the course of the investigation, the following was noted:

- Monitoring Observation: The Program Nurse was hired 2-28-06. The Program did not provide documentation of training related to Iowa rules and laws on assisted living. The Nurse Coordinator stated the Program Nurse was scheduled to attend a class in January, 2012. The Program Nurse did not have documentation of rules and laws training.

- Regulatory Insufficiency: All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rules and laws on assisted living. As of January 1, 2011, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule. (IAC r. 481-69.29(6))

- Monitoring Observation: The Program indicated one Home Health Aide was in the building from 5-11 p.m. daily, from 11 p.m. to 7 a.m. daily, and all day during the weekends. Staff #1 stated 911 was called to assist if more than one person was needed to pick someone up after a fall. Staff #2 stated 911 was called to assist if more than one person was needed to pick someone up after a fall. Staff #2 stated dietary staff had also been asked to provide assistance in getting a tenant up after a

fall. Staff #3 stated 911 was called for help in getting a tenant up. An incident report dated 10-29-11 for Tenant #3 indicated dietary staff and paramedics were called to assist in getting the Tenant up after being found on the floor. The incident report did not indicate Tenant #3 was transported to the hospital. An incident report dated 11-10-11 for Tenant #4 indicated 911 was activated for assistance with getting Tenant #4 up after being found sitting on the floor. The incident report did not indicate Tenant #4 was transported to the hospital. An incident report dated 9-23-11 for Tenant #1 indicated dietary staff provided assistance in getting Tenant #1 up after being found on knees. An interview was conducted with Staff #4, a dietary aide. He stated he has assisted with tenants after falls. The Program provided the Emergency Management Plan. The introduction indicated all staff members were responsible for knowing the procedures. Page 32 of the Plan covered tenant falls and also indicated 911 was to be called if the "resident needs much assistance." The Nurse Coordinator stated the 911 emergency staff could also assess the tenant and see if emergency room treatment was need.

The Program did not provide documentation of training to dietary staff on fall procedures. Dietary staff was not trained to provide assistance to a tenant after a fall.

The Program relied on 911 emergency personnel to provide routine non-emergency assistance after a fall.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

D. Service Plans

During the course of the investigation, the following was noted:

- Monitoring Observation: At 8 p.m. on 10-6-11, a staff member went into Tenant #1's apartment and found Tenant #1 on the floor of the bathroom. The Tenant stated he/she was trying to pick up clothes off the floor and lost balance. Tenant #1 landed on the ledge of the shower with a red mark on the left side of the back. The Tenant initially denied pain. Later in the day, Tenant #1 used the call pendant and complained of pain. Tenant #1 was transported to the hospital via ambulance and was treated for pain from fractured ribs and returned to the Program. Notes dated 10-7-11 indicated Tenant #1 was to be assisted to the bathroom for "a day or so," and meals would be served in the room. Tenant #1 had a history of falls. The Program had instituted a managed risk agreement in January, 2011. The service plan dated 9-13-11 was not updated with fall interventions, documentation of the managed risk agreement, or service needs based on the change of condition with the fall that occurred on 10-6-11.

  The service plan did not meet the identified needs of the Tenant.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))