IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 37580-I
37684-C

February 24, 2012

Ms. Christine Nelson, RN Director
Maggie's House Assisted Living
107 E. 2nd Street
DeWitt, IA 52742

RE: Final Complaint/Incident Investigation Report – Maggie's House, DeWitt, IA

Dear Ms. Nelson:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 13 and 14, 2012, 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

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

Assisted Living Program:

Christine Nelson, RN/Director
Maggie's House ALP
107 E. 2nd St.
De Witt, IA 52742

Complaint/Incident Intake #:

37580-I
37684-C

Date of Complaint/Incident Investigation:

February 13 and 14, 2012

Monitor(s):

Joyce Kix, RN

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:	18
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	19
TOTAL census of Assisted Living Program	19

Program History – The program received regulatory insufficiencies in the areas of Service Plan, Criteria for Exclusion of Tenants and Reporting Requirements during this certification period.

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

A. Staffing

Complaint/Incident Allegation 37684-C: It was alleged a tenant fell who required assistance of one staff for all cares, and broke his/her hip because staff let go of him/her while ambulating.

- Monitoring Observation: Clinical records of Tenant #1, #2 and #3 were reviewed. Tenant #1, a 103 year-old, was admitted on 2-10-11 with diagnoses of: Hypertension and Depression. Tenant #1 scored 2 on the Global Deterioration Scale of 3-22-11, which indicated very mild cognitive decline. The service plan of the same date directed stand-by assistance with walking with a walker for short distances. The note from occupational therapy dated 3-22-11 documented Tenant #1 was able to toilet independently with just supervision from staff for balance. Staff #2, #3, and #5 reported Tenant #1 required stand-by assistance with ambulation. Staff #1 and #4 stated Tenant #1 was unsteady and required hands on assistance with ambulation. The clinical record documented in the Nurse's Notes on 1-18-12 at 7:30 p.m. Tenant #1 lost his/her balance and fell landing on his/her bottom. At this time Tenant #1 denied pain. The nurse and family were informed of the fall. On 1-19-12 at 9:00 a.m. Tenant #1 reported left leg and hip discomfort with no bruising noted. Family transported the tenant to the hospital for x-rays which indicated no evidence of pelvic or hip fracture. On 1-19-12 at 7:00 p.m. Tenant #1 reported pain and weakness so the family again transported him/her to the hospital and a CT scan of the lower extremities taken on 1-20-12 at 8:37 a.m. indicated a fracture of the greater trocanter of the left femur. The Program was informed by the hospital of the diagnosis on 1-23-12. According to documentation and staff interview, Tenant #1 required only stand-by assistance of one staff and not hands on assistance.

Review of clinical records, program incident reports and interview with staff members indicated service plans directed appropriate interventions for transfer and ambulation of tenants.

- Regulatory Insufficiency: None noted.

B. Tenant Documents

Complaint/Incident Allegation 37684-C: It was alleged a staff member rewrote documentation on an incident report in order to "pass state inspection".

- Monitoring Observation: During interview on 2-13-12, the Registered Nurse, Director stated that she was aware the prior nurse had requested Staff #6, a certified nurse aide, rewrite an incident report. Staff #6 stated she rewrote the incident report at the request of the prior director in order to add more details about the incident. Staff #6 reported she did not change the information but only added more detail to the new report. Staff #6 threw the original report away.

- Regulatory Insufficiency: None noted.

C. Other

Complaint/Incident Allegation 37580-I: The program reported on 1-23-12, a tenant who ambulated with stand-by assistance of staff fell and sustained a hip fracture.

- Monitoring Observation : The service plan for Tenant #1 dated 3-22-11 directed stand-by assistance with walking with a walker for short distances. The note from occupational therapy dated 3-22-11 documented Tenant #1 was able to toilet independently with just supervision from staff for balance. Staff #2, #3, and #5 reported Tenant #1 required stand-by assistance with ambulation. Staff #1 and #4 stated Tenant #1 was unsteady and required hands on assistance with ambulation. The clinical record documented in the Nurse's Notes on 1-18-12 at 7:30 p.m. Tenant #1 lost his/her balance and fell landing on his/her bottom. At this time Tenant #1 denied pain. The nurse and family were informed of the fall. On 1-19-12 at 9:00 a.m. Tenant #1 reported left leg and hip discomfort with no bruising noted. Family transported the tenant to the hospital for x-rays which indicated no evidence of pelvic or hip fracture. On 1-19-12 at 7:00 p.m. Tenant #1 reported pain and weakness so the family again transported him/her to the hospital and a CT scan of the lower extremities taken on 1-20-12 at 8:37 a.m. indicated a fracture of the greater trocanter of the left femur. The Program was informed by the hospital of the diagnosis on 1-23-12. Tenant #1 has not returned to the program. The Program reported the fracture appropriately.

- Regulatory Insufficiency: None noted.