IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 42765-C

April 8, 2013

Mr. Paul Crane, Executive Director
Primrose Retirement Community
1801 E. Kanesville Blvd.
Council Bluffs, IA 51503

RE: Final Complaint/Incident Investigation Report – Primrose Retirement Community, Council Bluffs, IA

Dear Mr. Crane:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 20, 2013, 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 or **James.Berkley@dia.iowa.gov**

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:

Paul Crane, Executive Director
Primrose Retirement Community
1801 E. Kanesville Blvd.
Council Bluffs, IA 51503

Complaint/Incident Intake #: 42765-C

Date of Complaint/Incident Investigation:

March 20, 2013

Monitor(s):

Hal L. Chase, RN BSN MPH

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:	29
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 substantiated Regulatory Insufficiencies in the areas of Medication found during this certification period.

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

A. Service Plans

Complaint/Incident Allegation: It was alleged a tenant was incontinent of urine and his/her clothes would have a malodor. The same tenant was unable to find his/her apartment and needed directions in finding his/her apartment.

- Monitoring Observation: Four tenant files were reviewed. No issues were found with Tenant's #2 and #3's file.

Tenant #1, an 81 year old was admitted on 7-23-08 and had diagnoses of: Diabetes Mellitus, a History of Cerebro Vascular Accident, Hypertension (HTN), Benign Prostatic Hypertrophy, Asthma and Gastro Esophageal Reflux Disease.

Functional and health evaluations of 3-19-13 indicated Tenant #1 needed assistance with some activities of daily living (ADLs); bathing, dressing, grooming and toileting and was independent with eating, ambulation and transfer. The service plan of 3-19-13 indicated staff was to remind Tenant #1 to use the bathroom and use protective incontinent undergarments and set out clean incontinent undergarments every morning and before meals as needed.

Nurse's notes of 11-28-12 through 3-20-13 indicated Tenant #1 had incidents of incontinence, but these incidents occurred in Tenant #1's apartment or when staff assisted him/her with ADL's and not in common areas of the Program.

Staff Licensed Practical Nurse (LPN) #1, Staff #2 and #3 were interviewed and reported there were no tenants who had unmanageable incontinence of bowel or bladder. Staff reported incidents of incontinence and being uncooperative and non-participatory with toileting cares, but no malodors present. The service plan was reflective of Tenant #1's needs.

Tenant #4, a 90 year old, was admitted on 1-26-13 and had diagnoses of: HTN, Depression, Leg Edema, Prostate Neoplasm, Lewy-Body Dementia, Osteopenia, Chronic Open Angle Glaucoma, and Amputation of a Thumb. A Global Deterioration Scale (GDS) completed 1-29-13, staged Tenant #3, which indicated mild cognitive decline.

Functional and health evaluations were completed on 1-26-13 and 1-29-13 and indicated Tenant #4 needed assistance with ADL's, including; bathing, dressing and toileting. The service plan of 1-29-13 indicated Tenant #1 was occasionally incontinent of urine/stool but self-managed his/her toileting needs and incontinent supplies. Staff was to monitor Tenant #4's ability to manage incontinence needs and report any changes. The service plan indicated staff was redirect and reorient Tenant #4 to his/her room as needed.

Nurse's notes of 1-26-13 through 3-18-13 indicated there were no incidents of incontinence episodes or becoming lost while ambulating within the Program.

Staff LPN #1, Staff #2 and #3 was interviewed and reported no incidents of incontinent episodes of bowel or bladder. Staff reported Tenant #4 needed occasional directions to his/her apartment. The service plan was reflective of Tenant #4's needs.

- Regulatory Insufficiency: None noted.