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 #:
42962-I

April 19, 2013

Ms. Phillis Seals, Administrator
The Gardens at Luther Park
2910 E. 16th Street
Des Moines, IA 50316

RE: Final Complaint/Incident Investigation Report, Gardens at Luther Park, Des Moines, Iowa

Dear Ms. Seals:

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 or **Rose.Boccella@dia.iowa.gov**

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:

Phillis Seals, Administrator
The Gardens at Luther Park
2910 E. 16th Street
Des Moines, IA 50316

Complaint/Incident Intake #:

#42962-I

Date of Complaint/Incident Investigation:

March 25, 2013

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:	46
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	49
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	12
Number of tenants with cognitive disorder:	8
Total Population of Program at time of on-site	20
TOTAL census of Assisted Living Program	69

Program History – The program received a regulatory insufficiency in the area of Policy and Procedure during the August 14, 2012 Incident Investigation (40280-I, 40282-I). During the February 19 and 20, 2013 Complaint Investigation (42598-C), the program received regulatory insufficiencies in the areas of: Policies and Procedures, Service Plans and Nurse Review.

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

A. Criteria for Admission and Retention

Complaint/Incident Allegation: The program reported a tenant fell and sustained a fractured hip.

- Monitoring Observation: Tenant #1, an 80 year old, was admitted 12-27-11 and resided on the secured dementia unit. Tenant #1 had diagnoses of Hyperthyroidism, Hyperlipidemia, Atrial Fibrillation, Osteoarthritis, and Questionable Dementia. Tenant #1 was staged at five on the Global Deterioration Scale dated 3-5-12 which indicated moderately severe cognitive decline. An incident report dated 12-18-12 documented Tenant #1 was found on the floor with his/her incontinent brief and pants down attempting to urinate. There was no apparent injury noted. An incident report dated 1-20-13 documented Tenant #1 fell in the hallway of the program and struck his/ her head on the doorway, sustaining no injury. An incident report dated 2-25-13 documented Tenant #1 slipped from a wheelchair and sustained no injury. An incident report dated 2-28-13 documented Tenant #1 attempted to stand from a recliner and fell. At this time the tenant was sent to the emergency room after reporting pain and found to have a fractured hip. The tenant has not returned to the program. Another undated incident report provided to the department which was not a part of the clinical record documented that Tenant #1 slid to the floor from a kitchen

chair. During interview on 3-25-13 at 2:10 p.m. Staff #1, Licensed Practical Nurse (LPN), stated that Tenant #1 was independent with ambulation within the secured unit. Staff #1 had reviewed the undated report and after interviewing the staff person who reported the incident, the LPN felt the incident did not fit the criteria of a fall and deleted the report from the clinical record. The service plan dated 3-5-12 documented Tenant #1 was independent with ambulation using a walker. The program reported the fall with injury to the department 3-1-13.

- Regulatory Insufficiency: None noted

During the course of the investigation, the following information which occurred after the departments last visit of 2-20-13 was identified.

B. Evaluation

Monitoring Observation: The clinical record of Tenant #1 contained an incident report dated 12-18-12 documented Tenant #1 was found on the floor with his/her incontinent brief and pants down attempting to urinate. There was no apparent injury noted. An incident report dated 1-20-13 documented Tenant #1 fell in the hallway of the program and struck his/ her head on the doorway, sustaining no injury. Nurse's notes dated 2-21-13 noted that Tenant #1 fell and did report some pain. The tenant was assisted with a wheelchair and given pain medication. Later on 2-21, Tenant #1 was having difficulty bearing weight and continued to complain of severe pain. An x-ray ruled out a fracture.

On 2-22-13 Tenant #1 was noted to have agitation during cares and increased behaviors which were different from his/her usual behavior. The tenant was yelling out and having some hallucinations. The physician ordered an anti-anxiety medication

An incident report dated 2-25-13 documented Tenant #1 slipped from a wheelchair and sustained no injury.

An incident report dated 2-27-13 documented Tenant #1 attempted to stand from a recliner and fell. At this time the tenant was sent to the emergency room after reporting pain and found to have a fractured hip. The tenant has not returned to the program.

Another undated incident report provided to the department which was not a part of the clinical record documented that Tenant #1 slid to the floor from a kitchen chair. During interview on 3-25-13 at 2:10 p.m. Staff #1, Licensed Practical Nurse (LPN) stated that she had reviewed that particular report and after interviewing the staff person who reported the incident, the LPN felt the incident did not fit the criteria of a fall and deleted the report. The service plan dated 3-5-12 documented Tenant #1 was independent with ambulation using a walker.

The clinical record lacked documentation of completion of cognitive, health and functional evaluations for significant changes observed in behaviors and repeated falls.

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The clinical record lacked documentation of completion of cognitive, health and functional evaluations for significant changes observed in behaviors and repeated falls.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation with the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

C. Service Plans

Monitoring Observation: The clinical record of Tenant #1 contained an incident report dated 12-18-12 documented Tenant #1 was found on the floor with his/her incontinent brief and pants down attempting to urinate. There was no apparent injury noted. An incident report dated 1-20-13 documented Tenant #1 fell in the hallway of the program and struck his/ her head on the doorway, sustaining no injury. Nurse's notes dated 2-21-13 noted that Tenant #1 fell and did report some pain. The tenant was assisted with a wheelchair and given pain medication. Later on 2-21, Tenant #1 was having difficulty bearing weight and continued to complain of severe pain. An x-ray ruled out a fracture.

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The service plan did not include interventions for staff to implement to help with the prevention of falls and increased anxiety and restlessness and did not meet the specific needs of Tenant #1.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and

shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))