IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #: 45425-I

November 1, 2013

Ms. Jaclyn Svendgard, Administrator
Reed House Assisted Living
2506 3rd Avenue South
Denison, IA 51442

RE: Final Complaint/Incident Investigation Report – Reed House Assisted Living, Denison, IA

Dear Ms. Svendgard:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of October 23, 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: **Complaint/Incident Intake #:** 45425-I

Jaclyn Svendgard, Administrator
Reed House Assisted Living
2506 3rd Avenue North
Denison, IA 51442

Date of Complaint/Incident Investigation:

October 23, 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:	25
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	28
TOTAL census of Assisted Living Program	28

Program History – There were regulatory insufficiencies in the areas of Record Checks during this recertification period.

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

A. Program Reporting to the Department

Complaint/Incident Allegation: The Program reported Tenant #1 had exited the facility on 8-25-13 and again on 9-7-13. In both instances, Tenant #1 left through the front entrance when visitors visiting another tenant were leaving.

- Monitoring Observation: Four tenant files were reviewed. No issues were found with Tenants #2, #3, and #4.

  Tenant #1, an 85 year old, was admitted on 6-22-12 and had diagnoses of: Dementia, Hypertension, Atrial Fibrillation History of Breast Cancer, History of Gastrointestinal Bleeding, Gastro Esophageal Reflux Disease and Glaucoma. A Global Deterioration Scale (GDS) completed on 8-25-12 and 9-9-13 staged Tenant #1 at four, which indicated moderate cognitive decline.

  90-day nurse reviews for periods of 1-21-13 through 4-18-13 and 4-18-13 through 7-22-13 indicated there were no risk factors identified related to prior injuries, falls or risk for elopement. Additionally, Tenant #1 was independent with ambulation and transfer and did not need "orientation assistance."

  A GDS of 7-22-13 staged Tenant #1 at three, which indicated mild cognitive decline. An elopement risk assessment of 7-22-13 indicated little or no risk for elopement. A service plan of 7-22-13 indicated Tenant #1 was independent with mobility and transfer, but used a walker when ambulating. The service plan indicated no other orientation/behavior or safety issues.

  Interviews with the Administrator, nurse and Staff #1 & #2 revealed Tenant #1's spouse passed away on 8-16-13 and his/her death may have led to Tenant #1 leaving the Program.

Tenant #1's service plan was updated on 8-16-13 and included interventions directing staff to give Tenant #1 more attention to care needs due to his/her spouse's passing.

An incident report of 8-25-13 indicated Tenant #1 was seen by staff outside of the Program, by the curb adjacent to the road. The Administrator and nurse clarified where Tenant #1 was when staff saw him/her. Tenant #1 was in front of the building and walking toward the adjacent sidewalk. When staff approached and asked where he/she was going. Tenant #1 reported he/she was going for a walk to get food. Tenant #1 was escorted back to the Program without incident. Fifteen minute safety checks were initiated at that time.

Tenant #1's medical provider, an Advanced Registered Nurse Practitioner (ARNP) was notified of the incident and no new orders were written. Resident service notes of 8-25-13 indicated the nurse completed a nurse review, which resulted in the nurse completing evaluations. Functional, cognitive and health evaluations were completed on 8-25-13. Tenant #1's GDS was staged at four, which indicated moderate cognitive decline.

The service plan of 7-22-13 was updated on 8-25-13 and established interventions directing staff to check on the whereabouts of Tenant #1 every 15 minutes, to report any exit seeking behavior or elopements to the nurse and to engage Tenant #1 with an activity or ask if he/she was hungry, thirsty, cold if he/she was in any pain.

Program documentation of 8-25-13 through 9-7-13 indicated staff visually checked on Tenant #1 every 15minutes. No incidents of exit seeking were noted during this time. On 9-4-13 15-minute safety checks were changed to 30 minute safety checks.

Safety checks of 9-7-13 at 5:30 p.m. indicated Tenant #1 eating supper in the dining room. Resident service notes of 9-7-13 at 5:45 p.m. indicated Tenant #1 was found outside in front of the Program. Staff approached Tenant #1 and asked if he/she wanted to go for a walk. Tenant #1 reported he/she wanted to go home. Staff walked Tenant #1 back to the Program.

Resident service notes of 9-9-13 indicated the nurse completed a nurse review, resulting in a review and update of evaluations of 9-9-13 and a service plan updated of the same date (9-9-13.) The service plan established interventions directing staff to assist Tenant #1 to meals and activities and implementation of 15-minute safety checks.

On 9-9-13 Tenant #1's medical provider was notified of the incident on 9-7-13. The medical provider asked if the Program had any type of bracelet or alarm system the Program could use. On 9-13-13 the medical provider indicated Tenant #1 would benefit from a portable wander-guard system.

Resident service notes of 9-11-13 indicated Tenant #1's family was notified of the incident of 9-7-13. On 9-12-13 the Program requested a urinalysis (UA). On 9-13-13 it was noted the UA results were negative. On 10-13-13 Tenant #1 went to the front door and set off the door alarm. Notes indicated Tenant #1 wasn't trying to leave the Program.

Tenant #1 told staff his/her family had moved some of her spouse's belongings from their apartment and though family had removed some of his/her belongings.

Program documentation of 9-9-13, beginning at 2:30 p.m. indicated 15 minute safety checks were initiated. A review of safety checks beginning 9-19-13 through 10-23-13 at 10:25 a.m. (when the monitor requested documentation of safety checks,) indicated no incidents of exit seeking behavior was noted.

Program documentation indicated a wander-guard alarm system was installed on 10-17-13. The Program confirmed the use with Tenant #1's family. Training of staff began 10-19-14 with training to be completed on 10-24-13 and activation of the wander-guard system on 10-25-13.

- Regulatory Insufficiency: None noted.