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Complaint/Incident Intake #: 47185-I

April 23, 2014

Ms. Linda Judkins, Administrator
Rose of Council Bluffs
2306 Sherwood Drive
Council Bluffs, IA 51503

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

Dear Ms. Judkins:

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, following an investigation by DIA on **April 8, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation, Nurse Review, Service Plans and Food Service.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference;** however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to 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:

Linda Judkins, Administrator
The Rose of Council Bluffs
2306 Sherwood Drive
Council Bluffs, IA 51503

Complaint/Incident Intake #: 47185-I

Date of Complaint/Incident Investigation:

April 8, 2014

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:	74
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	77
TOTAL census of Assisted Living Program	77

Program History – There were regulatory insufficiencies identified in the areas of Nurse Review, Evaluations, Food Service and Service Plans during this certification 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: On 2-13-14, the program notified the department of a fall that occurred on 2-5-14.

- Monitoring Observation: Tenant #1, a 77 year-old, was admitted on 6-23-11 and had diagnoses of: Osteoporosis, Asthma, Left Eye Glaucoma, and Pernicious Anemia. Tenant #1 had no errors on the cognitive screening completed 12-10-13. Tenant #1 was independent with ambulation and transfers and used no assistive devices.

  Tenant #2, an 86 year-old, was admitted on 6-6-11 and had diagnoses of: Coronary Artery Disease, Hypertension, and History of Stroke. Tenant #2 had no errors on the cognitive screening completed 12-10-13. Tenant #2 was independent with ambulation and transfers. Tenant #2 used a wheeled walker as an assistive device.

  The Registered Nurse (RN) reported an incident occurred on a snowy day; the tenants seemed restless.

  Tenant #1 reported knees locked up on occasion. Tenant #1 reported sitting backwards on Tenant #2's wheeled walker which had a seat. Tenant #2 was pushing the walker and a "freak accident" occurred and Tenant #1 fell backward hitting the head on the floor. Tenant #1 reported a concussion resulted.

  Tenant #2 reported Tenant #1 asked to ride a short way on the walker. Tenant #2 reported Tenant #1 had trouble walking sometimes. At first Tenant #2 said "no" but then agreed.

Tenant #2 reported going at a walking pace until getting to the threshold of the fire doors on the first floor. Tenant #2 went to their knee and Tenant #1 fell backwards. Tenant #2 reported he/she had not given anyone a ride on the walker before this and had not done it since.

Interviews with the Social Worker and the Registered Nurse (RN) reported Tenant #1 and Tenant #2 were being silly and liked to have fun.

Interviews with the Social Worker revealed she received a phone call immediately from Tenant #2 reporting the incident on 2-5-14. The Social Worker immediately notified the Registered Nurse (RN). Tenant #1 and #2 confirmed staff responded right away. Both the Social Worker and the RN attended to Tenant #1. The RN reported she attended to Tenant #1 although documentation was not completed. The RN reported she observed Tenant #1, and initially Tenant #1 reported feeling fine and refused further treatment at the hospital. The RN reported Tenant #1 became nauseated and the decision was made to send Tenant #1 to the hospital, even though Tenant #1 continued to refuse further treatment.

Tenant #1 went to the emergency room at approximately 9:45 a.m. Tenant #1 returned to the program by 11:30 a.m. Tenant #1 returned to the hospital at approximately 6:30 p.m. on 2-5-14 and did not return to the program until 2-7-14.

The Executive Director stated she had contacted a representative of the department to seek guidance on the reporting of the incident. It was documented there was difficulty with the online reporting system. The incident was not reported until 2-13-14.

Incident reports were reviewed as provided by the program for the last three months. There was no documentation of any other tenant injury related to riding on a wheeled walker or any other playful behavior. Interviews with the RN, Administrator, and Clinical Manager revealed Tenant #1 and Tenant #2 had not been seen using the walker as a riding device before this incident. None of the incident reports documented any injuries related to the threshold of the first floor fire door.

A review of the most recent fire marshal inspection as provided by the program did not identify any problems with the first floor fire doors or thresholds.

Tenant #1 and #2 engaged in playful behavior. Tenant #1 sat backwards on a wheeled walker that was not designed for a rider. Tenants #1 and #2 had not been previously observed using the wheeled walker as a rider. As Tenant #2 went down the hall and Tenant #1 fell backward when crossing the threshold for the fire doors. The Social Worker was notified immediately by Tenant #2. The Social Worker notified the RN right away. The RN attended to Tenant #1 and arranged for Tenant #1 to be transported to the hospital following a change in condition.

Tenant #1 and Tenant #2 were both cognitively well and independent with ambulation. Tenant #1 and #2 had a history of playful and fun behavior, and made a conscious decision to ride on and push the walker which was not built for such use. Tenant #1 sustained a concussion following a fall, a major injury, but was not reportable as Tenant #1 was cognitively well, independent with ambulation, and the

program was not involved in the incident. There was no intent on the part of Tenant #2 to inflict harm.

- Regulatory Insufficiency: None noted.

B. Evaluation

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

- Monitoring Observation: Tenant #1 sustained a concussion related to a fall. Immediately following the fall the RN was in attendance. In an interview with the RN she reported vital signs were checked and Tenant #1's condition was observed for changes. The RN reported she observed changes, and despite Tenant #1's desire to remain at the program, the RN contacted 911 and Tenant #1 was transported to the hospital. The clinical record lacked any documentation of Tenant #1's condition following the fall and lacked evaluations completed by the nurse immediately after the fall when Tenant #1 was experiencing a change of condition.

  Tenant #1 returned to the program at 11:30 a.m. on 2-5-14. Care notes documented Tenant #1 was alert and oriented, vital signs were checked, and Tenant #1 was experiencing vertigo. A functional evaluation was not completed. Evaluations were not completed with a change of condition.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also 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 when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

C. Nurse Review

Complaint/Incident Allegation: When notifying the department of the fall and injury sustained by Tenant #1, the program did not provide documentation of the incident by the nurse.

- Monitoring Observation: According to the service plan dated 12-10-13 and current at the time of the fall on 2-5-13, Tenant #1 was independent with activities of daily living and self-administered medications. Tenant #1 sustained a concussion related to a fall. Immediately following the fall the RN was in attendance. In an interview with the RN she reported vital signs were checked and Tenant #1's condition was observed for changes. The RN reported she observed changes, and despite Tenant #1's desire to remain at the program, the RN contacted 911 and Tenant #1 was transported to the hospital. The clinical record lacked any documentation of Tenant #1's condition following the fall and lacked completion of a nurse review immediately after the fall when Tenant #1 was experiencing a significant change of condition.

Tenant #1 returned to the program at 11:30 a.m. on 2-5-14. Care notes documented Tenant #1 was alert and oriented, vital signs were checked, and Tenant #1 was experiencing vertigo. A nurse review was not completed with a significant change of condition.

- Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation. (IAC r. 481-69.27)

D. Service Plans

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

- Monitoring Observation: Tenant #1 sustained a fall resulting in a concussion. Tenant #1 went to the hospital and returned the same day. Care notes documented family was to stay all night with Tenant #1. Interventions were implemented but the service plan was not updated with interventions for a tenant who sustained a head injury.

  Tenant #1 returned to the hospital on 2-5-14 and returned on 2-7-14. According to care notes of 2-7-14, Physical Therapy was ordered. The service plan was not updated with the outside service provider, Physical Therapy.

  Tenant #3, a 94 year-old, was admitted on 3-30-12 and had diagnoses of: Hypertension, Osteoporosis, Neck Pain, and Meniere's Disease. Evaluations were completed on 3-12-14. A notation on the evaluation form documented Tenant #3 had seen the physician for chronic neck pain. It was also noted Physical Therapy had been ordered. The service plan was not updated with the outside service provider, Physical Therapy.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance; and (c) The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy. (IAC r. 481-69.26(4)(a,c))

E. Food Service

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

- Monitoring Observation: Tenant #3 was selected for review following the discovery of an incident report relating to a fall. During the course of the review of the clinical record, it was revealed Tenant #3 had a physician's order for a mechanical soft diet. Dietary #1 was interviewed and stated the meat patty was chopped and no bun was served. Dietary #1 reported there was no menu from the dietitian. The program was unable to provide documentation of a menu prepared by a dietitian for a mechanical soft diet.

- Regulatory Insufficiency: Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by the Iowa Dietetic Association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for food preparation and service for therapeutic diets.
(IAC r. 481-69.28(4))