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 #:
48322-I

August 6, 2014

Ms. Emily Miller, Director
Lakeview Lodge
312 Southbrooke Drive
Waterloo, IA 50702

RE: Final Complaint/Incident Investigation Report, Lakeview Lodge, Waterloo, Iowa

Dear Ms. Miller:

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 **July 30, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Nurse Review.

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 515/281-7039 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:

Emily Miller, Director
Lakeview Lodge
312 Southbrooke Drive
Waterloo, Iowa 50702

Complaint/Incident Intake :# 48322-I

Date of Complaint/Incident Investigation:

July 30, 2014

Monitor(s):

Wendy E. Kuhse, RN, BS

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.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	5
Number of tenants with cognitive disorder:	40
Total Population of Program at time of on-site	45
TOTAL census of Assisted Living Program	45

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

A. Nurse Review

Complaint/Incident Allegation: It was alleged staff did not perform more than an initial assessment after a tenant fell, until several hours later when the tenant fell a second time.

- Monitoring Observation: Tenant #1, 92 year old, was admitted on 2-14-14 and diagnoses include: Coronary Artery Disease, Bladder Cancer, Hypertension, Depression, Anxiety, Osteoarthritis, Hip Surgery, Hernia Repair and Cataract Surgery. Tenant #1 scored 26 and 28 (of 30 possible points) on the mini-mental state examination (MMSE) which indicated normal cognition.

  According to the service plan dated 02-14-14, Tenant #1 transferred independently and had a wheelchair to use for long distances. Tenant #1's balance was poor and staff were instructed to observe the Program "Fall Precautions". The service plan was updated on 03-11-14, adding Tenant #1 refused contact guard assistance and refused to work with physical therapy for balance.

  Documentation in an incident report dated 05-05-14 indicated staff found Tenant #1 on the floor when making a delivery to Tenant #1's room at 11:50 a.m. Tenant #1 was lying on his/her left side, the walker was tipped over and off to the side of Tenant #1. Tenant #1 stated he/she was picking something up off the floor, then fell hitting the left side of Tenant #1's head. Tenant #1 sustained a hematoma on the left temple measuring 6 centimeters (cm) by 3.8 cm by 0.5 cm. There was also an abrasion on the hematoma leaking blood from pin point holes. There was also a 0.8 cm cut at the lateral corner of Tenant #1's left eyebrow.

  Documentation indicated a neurological check was done and was normal. Tenant #1 was asked if he/she would go to the hospital to be examined for a head injury and Tenant #1 flatly refused. Staff were instructed to apply ice to Tenant #1's head and watch for nausea, vomiting and slow heart rate.

A second incident report dated 05-05-14 at 2:15 p.m. revealed Tenant #1 called for help due to a second fall. Tenant #1 stated he/she fell because Tenant #1 felt sick and was on his/her way to the bathroom. Tenant #1 complained of a headache, vomiting and sick to his/her stomach. The incident report indicated staff called 911 and transferred Tenant #1 to the emergency room.

During an interview on 07-30-14 at 11:52 a. Staff #1 stated she performed a physical assessment of Tenant #1 following Tenant #1's first fall. Staff #1 stated she explained to Tenant #1 the potential risks of the fall relating to Tenant #1's medications, specifically Plavix, and the risk of internal (cranial) bleeding. Staff #1 stated she also made a notation in the communication book, for signs and symptoms of intracranial bleeding, and instructed the staff on duty for what changes to look for in Tenant #1's condition. Staff #1 also stated that once the communication book was full, the program did not keep the books.

During the interview Staff #1 stated she checked on Tenant #1several times after the first fall and before the second fall. Staff #1 stated Tenant #1 refused to have vitals and neurological checks repeated. Staff #1 confirmed there was no documentation of the observations and/or refusals made by Tenant #1 in Tenant #1's medical record.

Tenant #2, a 84 year old, was admitted on 01-09-13 and diagnoses include: Interstitial Lung Disease with Pulmonary Nodules, Age Related Macular Degeneration, Celiac Disease, Peripheral Artery Disease and Neuropathy. Tenant #2 was staged at a three on the Global Deterioration Scale (GDS) which indicated mild cognitive impairment.

According to documentation in Tenant #2 function assessment dated 06-19-14, Tenant #2 was independent in dressing, grooming, toileting, eating and mobility. Tenant #2's balance was impaired and staff were constantly reminding Tenant #2 to use the walker.

Ongoing documentation in Tenant #2's medical record indicated Tenant #2 had sustained several fall, however, the falls were not witnessed by staff and Tenant #2 did not always report the falls to staff. Documentation in Tenant #2's record indicated Tenant #2 was treated for a Urinary Tract Infection on 07-09-14 and on 07-24-14. Staff completed a change of condition assessment of Tenant #2 on 07-28-14, notified Tenant #2's physician and sent Tenant #2 to the emergency room for an evaluation per physician's orders.

Based on record review and staff interviews a nurse review was not completed and/or documented following a significant change in Tenant #1's condition.

- Regulatory Insufficiency: To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders; (IAC r. 481-69.27 (1))