IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #: 48353-I

September 3, 2014

Joanie Brewer, Administrator
Maple Ridge Assisted Living
2012 S. Market Street
Oskaloosa, IA 52577

RE: Final Complaint/Incident Investigation Report – Maple Ridge Assisted Living, Oskaloosa, IA

Dear Ms. Brewer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 26, 2014, 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 515/281-7039 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: **Complaint/Incident Intake #:** 48353-I

Joanie Brewer, Administrator
Maple Ridge Assisted Living
2012 S Market St
Oskaloosa, IA 52577

Date of Complaint/Incident Investigation:

August 26, 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.

General Population Program	
Number of tenants without cognitive disorder:	59
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	64
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	11
TOTAL census of Assisted Living Program	75

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

A. Life Safety

Complaint/Incident Allegation: The Program reported Tenant #1 fell during a power outage at the Program.

- Monitoring Observation: Two tenant files were reviewed. (Tenant #1 and #2). Tenant #1, an 87 year old, was admitted on 7-31-09 and diagnoses included: Dementia and Fall with Fracture. Tenant #1 was staged at five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia unit.

  According to the service plan dated 12-19-13 Tenant #1 was independent with transferring, ambulation and mobility. During an interview on 8-26-14 at 3:15 p.m., the Registered Nurse stated Tenant #1 had not had any falls in the prior year.

  According to documentation in the Program's clinical notes for Tenant #1, on 4-27-14 at 5:30 p.m. the electricity was out (in the building) due to severe thunderstorms and the area was dark. Tenant #1 had been sitting in the commons area and had stood and fallen at that time. During an interview Staff #1 stated storm protocol had been initiated and followed per Program procedure. Flash lights were given out, emergency lighting was on, and "Rayovac" lanterns were placed on each table in the commons area. According to Staff #1, three staff were attending tenants in the unit. Staff #1 stated Tenant #1 was independent in mobility, ambulation and transfers. Staff #1

stated Tenant #1 was found close (approximately one step) to the chair Tenant #1 had been seated in.

Tenant #1 was transferred to the hospital and initial X-rays indicated there was no fracture. However, the following day the radiologist determined Tenant #1 had sustained a pelvic fracture. Tenant #1's assessments and service plan was updated to meet the needs of the Tenant.

Tenant #2, a 94 year old, was admitted on 11-15-11 and diagnoses included: Esophageal Reflux, Pacemaker, Hypothyroidism, Atherosclerotic Heart disease, Cerebral Vascular Accident and Depression. Tenant #2 was staged at five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline.

According to the 90 day nurse review dated 5-12-14 Tenant #1 was independent with transferring, ambulation and mobility. Tenant #2 had a fall in March and received a skin tear on the knee which resolved without incident.

According to documentation in an Incident Report dated 7-20-14, staff observed Tenant #2 sitting on the floor in front of the door to his/her apartment at 9:45 p.m. Documentation indicated Tenant #2's room was dark due to a power outage, and Tenant #2 had shoes on and had been using his/her walker. Observation during the investigation revealed emergency lighting was in the hallway outside Tenant #2's apartment door.

Observations, staff interviews and record reviews revealed staff followed the Programs policies and procedures during thunderstorm warnings.

Regulatory Insufficiency: none noted.