IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 54616-I

September 3, 2015

Ms. Annette Grochala, Executive Director
Vintage Hills Retirement Community
604 E. Hillcrest Drive
Indianola, IA 50125

RE: Final Complaint/Incident Investigation Report – Vintage Hills Retirement Community, Indianola, IA

Dear Ms. Grochala:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 31 through September 1, 2015, 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.

On 8-6-15 the Program self-reported Incident # 54616-I which documented a staff member was bitten by a tenant who resided in the dementia unit during the administration of medication. In trying to get the finger out of the mouth, blood was noted on the tenant's face.

A review of the tenant file, incident report, internal investigation, policy on abuse, training files for the staff involved, and interviews, the following was noted:

1. Allegation – Failure to separate
   Findings- Not Substantiated
   Comments – The investigation completed by the Program revealed the staff involved reacted to being bit and removed her finger from the tenant's mouth and put out a hand to do so. Two registered nurses assessed the tenant after the incident and no injury was found. The Program determined this was a reaction to being bitten and not retaliation or abuse. The Program provided direct supervision for the staff member after the incident and during the subsequent medication pass. The department had determined no further investigation into the incident was needed.

2. Allegation – Tenant Rights
   Findings – Not Substantiated
   Comments - The staff member administered medication to the tenant which the tenant then spit out. The staff member took the pill and put it in the tenant's mouth and was bitten. The staff training file contained documentation of training on dementia, medication administration, and tenant rights. Upon review of the incident the staff member was terminated the next day for inability to provide appropriate care to tenants. The Program took action on an identified problem.

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0314	A. BUILDING. _____ B. WING _____	C 09/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE HILLS RETIREMENT COMMUNITY	604 EAST HILLCREST AVENUE INDIANOLA, IA 50125

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 22 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 26 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 18 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 46 No regulatory insufficiencies were cited during the investigation of Incident #54616-I.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE