IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 58247-I

March 28, 2016

Ms. Misty Whitt, Administrator
Allen Place
1406 East 19th Street
Atlantic, IA 50022

RE: Final Complaint/Incident Investigation Report – Allen Place, Atlantic, IA

Dear Ms. Whitt:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 22, 2016, 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.

Based on interview, record review, and incident report review the following was noted:

1. Allegation- Staffing -The Program reported Tenant #1 fell and died of the resulting head injury. The death certificate documented Tenant #1 had a recent medication change which resulted in dizziness.
   Findings – Not Substantiated
   Comments – Tenant #1 was evaluated in January 2016 and determined to have no cognitive impairment. A dosage of medication, prescribed for sleeplessness, was increased four days prior to the fall. On the day of the fall, Tenant #1 got up independently and went down the hallway. As Tenant #1 was walking, staff identified Tenant #1 was weaving and having difficulty with ambulation. Staff ran to assist Tenant #1, but Tenant #1 was on the floor by the time the staff member arrived. The incident report documented Tenant #1 complained of dizziness, but record review and interview revealed no previous concerns of dizziness or history of falls. Tenant #1 was transported to the hospital as Tenant #1 hit the head during the fall as evidenced by a bruise on the face. According to the death certificate, Tenant #1 had bleeding into the head which resulted in death six days after the fall.

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
	S0347	A. BUILDING: _____ B. WING _____	C 03/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN PLACE	1406 EAST 19TH STREET ATLANTIC, IA 50022

(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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 34 TOTAL census of Assisted Living Program: 34 No regulatory insufficiencies were cited during the investigation of Incident #58247-I .	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE