IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Certified

***Complaint:* #26453-I**

January 12, 2010

Dan Thomas, Director
Ballard Creek Community
908 N US Highway 69
Huxley, IA 50124-9764

RE: Incident Investigation Report, Ballard Creek Community, Huxley, IA

Dear Mr. Thomas:

Enclosed is the **Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

If you have questions, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau
Connie.Schaffer@dia.iowa.gov

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Incident Investigation Monitoring Evaluation Report

Assisted Living Program:

Incident Intake #: 26453-I

Dan Thomas, Director
Ballard Creek Community
908 N US Highway 69
Huxley, IA 50124-9764

Date of Monitoring Visit:

December 14, 2009

Monitor:

Joyce Kix RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site incident investigation was conducted at Ballard Creek Community on December 14, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	29
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	32

Dementia Specific Program (DSP)* - Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There have not been any substantiated Regulatory Insufficiencies during this recertification period.

Recertification and Investigation Evaluation– The monitor made the observations detailed in the following areas.

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Incident Allegation: The program reported a tenant fell in their apartment on 11-27-09. He/she was transferred to the emergency room and ultimately admitted to the hospital 11-29-09 for a fractured hip and has not returned.

- Monitoring Observation: Tenant #1, a 91 year old, admitted on 9-8-08 had diagnoses of Hypertension, Chronic Renal Insufficiency, Coronary Artery Disease, Congestive Heart Failure and Gout. The tenant scored 29 of 30 on the cognitive evaluation completed 10-13-09 indicating no cognitive decline. The Service Plan of 10-13-09 indicated the tenant ambulated independently with a walker and stand-by-assist. Interdisciplinary Notes of 10-22-09 documented the tenant ambulated half way to the dining room three times a day. The incident report dated 11-27-09 indicated staff found the tenant on the floor of his/her room after the tenant pushed the call pendant. Initially, the tenant was sent to the emergency room and returned to the program with no fracture identified. The tenant was re-evaluated 11-29-09 at the hospital for continued pain, and subsequently diagnosed on 11-30-09 with a fracture of the right hip. The incident was reported to the Department of Inspections and Appeals appropriately on 12-1-09 when the program confirmed the diagnosis.

- Regulatory Insufficiency: None noted.

Dated this 12th day of January, 2010.