Iowa Department of Inspections and Appeals
Assisted Living Program
Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 7976**

Gary Schmid
Bickford Cottage of Marion
1100 Linden Drive
Marion, IA 52302

Date of Investigation:

September 14, 2004

Monitor(s):

Stephanie Cummins, SW

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 26.2(5)(a)]. 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 Complaint Investigation Report. Depending on the circumstances, DIA may re-visit 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 321 IAC - chapter 25 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 special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Bickford Cottage on September 14, 2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) – Not applicable.

***Dementia Specific Program (DSP)* –**

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting: 38

Accreditation Status – Not applicable.

Complaint History – No complaints on file this certification period**.**

Complaint Investigation – The complaint investigator(s) 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]

Complaint Allegation: It was alleged the program retained tenants beyond the appropriate level of care.

- Monitoring Observation: Six tenant charts were reviewed during the on-site investigation. Tenant #1 was tenant with a diagnosis of Dementia, Type II Diabetes, Visual Hallucinations, Chronic Anemia, Osteoarthritis, and a history of frequent falls. Tenant #1 was evaluated as a Stage 6 on the Global Deterioration Scale (GDS) on 7/17/04. According to the RN, Tenant #1 was a one-person transfer most of the time. The CNA also stated this tenant could usually be transferred with one person and was a two-person transfer only occasionally. Staff Member #3 stated Tenant #1 frequently required two people to transfer depending on whether the tenant had a good day. Staff Member #4 stated Tenant #1 required two people to transfer often and stated it was difficult to determine because it was inconsistent. The assessment dated 7/17/04 stated the tenant had experienced cognitive decline and needed more assistance with activities of daily living (ADL'S). The tenant also required cueing and prompting for eating. On 7/22/04 the nurse's notes stated the tenant needed assistance with feeding and would not swallow food or medications and would let them sit in the tenant's mouth. On 8/18/04 nurse's notes indicated the tenant had decreased cognitive function and walked and transferred with stiffness. On 8/18/04 the nurse's notes stated "will discuss with family making arrangements for a transfer to a LTC facility." On 8/18/04 two staff members were in the tenant's apartment and tried to transfer the tenant to the toilet. The tenant grabbed onto the railing and scraped the tenant's arm and received a small skin tear. The nurse's notes stated on 8/19/04 the RN discussed the status of Tenant #1 with a corporate RN. The staff was then instructed to use a gait belt for transfers with Tenant #1. On 9/8/04 Tenant #1 fell off the bed and was found with no injuries but experienced some slight hip discomfort. On 9/9/04 the tenant was found on the floor on the tenant's side with no reported injuries. The service plan dated 7/15/04 indicated Tenant #1 required encouragement for eating and staff assistance with bathing, dressing and grooming. The tenant required program-administered medications. The tenant would require assistance evacuating the building and required two-hour checks at night. The tenant also wore a personal alarm for safety purposes due to falls according to the RN.

  Tenant #2 had a diagnosis of Alzheimer's. The tenant was evaluated on 4/3/04 as Stage 6 on the GDS. The tenant scored a two on the Mini-Mental Status Examination (MMSE), which was completed on 7/10/03. The RN stated that Tenant #2 required two persons to stand, occasionally. The tenant ambulated independently however required two people to assist the tenant to a standing position. The CNA stated Tenant #2 frequently required two people to help the tenant stand from a seated position. Staff Member #3 stated that this tenant required two people to help the tenant stand frequently and stated it occurred once a day. Staff Member #4 stated Tenant #2 required two people to help the tenant stand from a seated position occasionally and stated it occurred some days more than others. According to progress notes, Tenant #2 fell three times from 7/27/04 to 8/13/04, one of which

resulted in a minor skin tear. According to the Service Plan dated 4/2/04 the tenant required assistance with opening packets, prompting, and coaxing to eat and at times feeding of the tenant. The service plan also stated the tenant wandered into other tenant apartments occasionally. The staff administered medications and provided checks on the tenant every two hours at night. According to the Service Plan, the tenant needed occasional night assistance with toileting and two hour checks for toileting during the day. The tenant also required assistance with bathing, dressing, and grooming. The tenant ambulated independently, however, the tenant's gait was described on the assessment done on 4/3/04 as shuffling, unsteady, and at times the tenant appeared to be glued to the floor.

- Regulatory Insufficiency: The program retained tenants that met the criteria for exclusion of tenants.

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Complaint Allegation: During the course of the investigation, it was found that the program did not provide appropriate documentation on service plans.

- Monitoring Observation: Six tenant charts were reviewed at the time of the on-site investigation. None of the six charts had a tenant signature or a signature of the tenant's legal representative. One of six charts had signatures of three staff members including a health professional.

- Regulatory Insufficiency: The program did not provide documentation of tenant signatures or tenant's legal representative signatures.

- Regulatory Insufficiency: The program did not provide documentation of involvement of three staff members, including a health professional, on service plans.

Dated this 14th day of October 2004.