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

Assisted Living Program: **Complaint Intake #: 8048**

Barbara Faust
Bickford Cottage
3500 Lower West Branch Road
Iowa City, IA 55240

Date of Investigation:

December 22, 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 December 22, 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 serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	5
Current number of tenants without cognitive disorder:	22
Total Population:	27

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints in the areas of evaluation of tenant, occupancy and transfer, medications, and general requirements during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: It was alleged the program did not have appropriate staffing.

- Monitoring Observation: The program's current census is 27 tenants. The program terminated the RN on 11-5-04 and according to the Administrator and the regional RN the program was actively seeking a replacement for the RN position. Three interviews for the RN position had occurred at the time of the onsite investigation. According to interviews with the direct care staff the tenants at the program were medically stable and high functioning. One tenant received insulin that was drawn up and labeled by the RN and administered by the tenant. The direct care staff members were interviewed and had no concerns or issues with an RN not being at the program everyday. They stated the regional RN who resided in Marion, IA, 40 minutes from the program, was on call 24 hours a day seven days a week. The direct care staff stated the RN could be reached at anytime and would be at the program if it were required. Additionally, the RN from Bickford Cottage - Muscatine program, 30 minutes away, could also be contacted and was available at all times. The regional RN and the RN from the program in Muscatine indicated the tenants at the program were medically stable and did not require a high level of care. Review of tenant files and interviews with the regional RN indicated the appropriate medication reviews and health assessments were completed in a timely manner. Staff indicated an RN was at the program at least one to two times a week and as needed. The regional RN indicated that a binder had been prepared that contained face sheets and physician orders for all tenants so the RN could reference that information and answer questions from staff when not in the building. The binder included emergency contacts, general information, medications, and allergies and was with the RN at all times. Since October, the program had one tenant who had fallen and the staff knew the appropriate assessment protocol for a fall. An RN was involved in the assessment process. The regional RN indicated the staff members were well trained and competent with the tasks that were assigned to them. Two tenants were interviewed and stated they felt their needs were being met and they could reach the RN if it was needed. One tenant knew the regional RN's name without prompting. One family member was interviewed and stated the program always communicated any changes in the tenant's condition and they had no concerns regarding staffing or tenant needs not being met. The staff and tenants in the program felt comfortable with the RN coverage that was being provided until the replacement RN position could be filled.

- Regulatory Insufficiency: None noted.

Dated this 28th day of December 2004.