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

Assisted Living Program: **Complaint Intake #: 8023**

Laura Moen, Administrator
Bickford Cottage
1536 20th Avenue North
Fort Dodge, IA 50501

Date of Investigation:

November 4, 2004

Monitor(s):

Hal L. Chase RN BSN MPH

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 in Fort Dodge on November 4, 2004. In preparing this report, the following information was considered:

Current Program Census:

Dementia Specific Program (DSP) **– A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.**

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):	8
Current number of tenants without cognitive disorder:	28
Total Population:	36

Accreditation Status – Not applicable.

Complaint History – There were no substantiated complaints this certification period.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

- Monitoring Observation: During the course of the investigation, it was found that the program did not complete an assessment of each tenant prior to admission. The Program's Regional Nurse Consultant reported during leadership interviews that she has instructed this program and other Bickford Cottages that an assessment of tenant, comprising of a cognitive, functional and health evaluation can be done prior to or within 24 hours of admission. Review of three tenant files indicated that assessments for all three tenants were done after admission. Additionally, a file review of Tenant #1 indicated that no evaluation was done after the tenant eloped on 10/24/04.

    - Regulatory Insufficiency: The program did not complete an assessment of each tenant's cognitive ability, functional ability and health status prior to admission.

    - Regulatory Insufficiency: The program did not complete an assessment as needed when a change occurred in the tenant(s) cognitive, functional or health status.

B. 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 is alleged the program retained a tenant who has multiple incidents of eloping from the building.

- Monitoring Observation: Through tenant file review it was determined that Tenant #1 has eloped out of the building on three separate occasions. An incident report of 10/24/04 states that Tenant #1 successfully eloped out of the building and was found by staff. Additionally, Tenant #1 eloped on 3/20/04 and again on 7/14/04. Care notes indicated these elopements occurred; however, no incident reports were completed on the 3/20/04 and 7/14/04 elopements. Interviews with direct care staff and leadership staff reported that an argument occurred between direct care staff and tenant about tenant eating numerous sugar packets. Leadership staff and direct care staff could not identify triggers or cause for tenant eloping on 3/20/04 and 7/14/04.

- Regulatory Insufficiency: Program did not transfer a tenant that is a danger to self and despite intervention chronically wanders out of the building.

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

- Monitoring Observation: During the course of the investigation, it was found the program did not complete a service plan prior to admission. Review of two of two tenant files indicated one tenant was admitted on 7/19/04; however, the service plan was not completed until 7/22/04. Another tenant was admitted on 10/20/04, but the service plan was not completed until 11/1/04. The program also did not update service plans within 30 days of admission or as needed when changes occurred in cognitive ability, functional ability or health status. The Program Administrator and

RN reported that a service plan update is done quarterly but not when changes occur in tenant's cognitive, functional or health status.

Additionally, the Program Administrator and RN reported tenants' service plans did not have a multidisciplinary team consisting of no fewer than three individuals involved with its development signing in agreement. The Program Administrator admits to some confusion as to when and who should sign the Service Plan.

- Regulatory Insufficiency: The program did not complete a preliminary service plan prior to tenant taking occupancy.

- Regulatory Insufficiency: The program did not update the service plan as needed to meet the needs of the tenant in consultation with the tenant or with the tenant's legal representative.

- Regulatory Insufficiency: The program did not obtain signatures of the multi-disciplinary team involved in the development of the tenant's service plan.

Dated this 4th day of November, 2004