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

Assisted Living Program: **Complaint Intake #:** 7912

Jill Knipp, Interim Director
Bickford Cottage
5101 University
Cedar Falls, IA. 50613

Date of Investigation:

July 6, 2004

Monitor(s):

Charlotte Kemp, 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 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 July 6,2004. In preparing this report, the following information was considered:

Current Program Census:

General Population Program -

Current General Population Census: 35 Current number of tenants with dementia: 10

Dementia Specific Program – Program has 4 tenants staged between 4 and 7 on the Global Deterioration Scale (GDS) but remains an undeclared dementia-specific program.

Accreditation Status – Not applicable.

Complaint History – During this certification period, there were substantiated complaints in the areas of Tenant Evaluation, Occupancy and Transfer Criteria, Medications, Occupancy Agreement and Records Access.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following area:

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 facility retain tenants who need a higher level of care.

- Investigation Observation: Tenant #1 had diagnosis of Type II Diabetes Mellitus, Anxiety, Dementia, Basal Cancer of the right ear, Multi Infarctions, Pernicious Anemia and a Shunt placed in 1997. Record review indicated on 3/19/04 the tenant had a quarter size, Stage 1, decubitus to the right side of the buttocks. Family was treating with Solosite. The physician had ordered the ET Nurse to evaluate and treat the decubitus on 6/23/04. Record review indicated the decubitus had been treated by the staff during the month of June and July. Staff interviews also stated the tenant has a small decubitus which they had been treating.

  The tenant had numerous falls. Staff interviews indicated tenant was a one to two person transfer. However during the last several weeks tenant has needed two persons to assist with transfers. The service plan of 5/26/04 indicated the tenant requires assistance to transfer to electric wheelchair and to bed or chair. The service plan also stated the tenant needed assistance with daily cares, dressing and undressing and toileting.

  The tenant had approximately 14 falls from 3/17/04 through 7/1/04 with minor injuries on several of the falls. Eight of the falls occurred between 6/11/04 and 7/1/04, and Paramedics were called. At this time the tenant stated tenant wanted to go to the hospital. The tenant was transported to the hospital and admitted for observation. The nurse's notes of 7/2/04 indicated the hospital called and the tenant was admitted with Pneumonia and that the tenant would not be returning to the facility, that the tenant will be going to a higher level of care.

  Record review of the higher level of care was discussed with the family on 6/28/04.

The tenant had a managed risk for falls on 12/18/03. The Physical Therapy recommendation of 12/22/03 stated the tenant should have assistance to and from the bathroom.

- Regulatory Insufficiency: The program retained a tenant who required a higher level of care.

Dated this 22nd day of July 2004