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

Assisted Living Program: **Complaint Intake #: 12114**

Patricia Hayes
Bickford Cottage
101 New Castle Road
Marshalltown, IA 50158

Date of Investigation:

March 14, 2005

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 - Marshalltown on March 14, 2005. 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:	31
Current number of tenants with cognitive disorder:	2
Total Population:	33

Dementia Specific Program (DSP) – Not applicable.

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints during this certification period in the areas of Criminal Background Checks/Adult Abuse, Evaluation of Tenant, Service Plan, Staffing, Occupancy Agreement and Life Safety.

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 is alleged the program retained tenants that exceeded the level of care that is allowed by the program.

- Monitoring Observation: During the entrance meeting held with the administrator and program RN, a current tenant list was requested and provided by the program. Staff identified the tenants who have been recently hospitalized, admitted, were most frail and who required the most assistance by program staff. Interviews were held with three direct care staff who worked the day shift and two direct care staff who worked the evening shift. Three of five direct care staff identified seven tenants who exceeded a higher level of care than allowed under regulation. Tenants also stated they thought "certain tenants" should not be here because they require more help and time than should be allowed. During tenant interviews it was stated that it took staff about ten minutes to respond to their calls for assistance.

  A review of seven files as well as staff and tenant interviews indicated that the allegation was not supported. The seven tenants identified by staff did not meet the criteria for exclusion of tenant.

- Regulatory Insufficiency: None noted.

B. 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 seven tenant files were reviewed. Four of seven indicated the service plans did not identify the personal and health-related cares needed. Seven of seven files indicated the program was not consistent with appropriate signatures required when updates were made, and did not have expected outcomes identified by the tenant on the service plans.

- Regulatory Insufficiency: The program did not identify the personal and health-related cares needed by the tenant on the service plans.

- Regulatory Insufficiency: The program did not have the required signatures when updates were made by the program or need of the tenant of the service plan.

- Regulatory Insufficiency: The program did not have expected outcomes identified by the tenant.

Dated this 21st day of March, 2004

Regulatory Insufficiency: The program did not identify the personal and health-related cares needed by the tenant on the service plans.

Plan of Correction:
The Marshalltown Bickford Cottage multidisciplinary team, consisting of no fewer than three individuals, including a health care professional, in consultation with the tenant and/or their legal representative, will identify the personal and health-related care needed by the tenant and document on the Service Plan, effective March 25, 2005.

Regulatory Insufficiency: The program did not have the required signatures when updates were made by the program or need of the tenant on the service plan.

Plan of Correction:
When changes need to be made on the Service Plan, the Director of the Marshalltown Bickford Cottage will review changes with the resident and/or legal representative and will obtain the required signatures, effective March 25th, 2005.

Regulatory Insufficiency: The program did not have expected outcomes identified by the tenant.

Plan of Correction:
The Marshalltown Bickford Cottage multidisciplinary team, consisting of no fewer than three individuals, including a health care professional, in consultation with the tenant and/or their legal representative, when completing the Service Assessment and Service Plan, will document the expected outcomes identified by the resident, effective March 25, 2005.