Iowa Department of Inspections and Appeals
Assisted Living Program
Re-certification Monitoring Evaluation Report

Assisted Living Program:

Ms. Kris Lang, Director
Bickford Cottage
5050 Hawthorne
West Des Moines, IA 50265

Date of Monitoring Visit:

March 3, 2005

Monitor(s):

Hal Chase RN BSN MPH
Mary Oliver LISW

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 25.8(3)]. 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 Re-certification Monitoring Evaluation 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 this chapter 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 specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Bickford Cottage in West Des Moines Assisted Living on March 3, 2005. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP) – Not applicable.

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

Tenant/Family Satisfaction Results – A community meeting was held with ten tenants present. Tenants reported they believe the program is a nice place to live, staff are friendly, helpful and they can depend on the staff when help is needed. Tenants stated the food is good, but would like more salad and ice cream. They also reported it appears there is a shortage of staff during meals. Tenants reported they enjoy playing bingo, but some of the tenants would like more variety. Tenants reported feeling safe and are getting the services they request. Tenants also believe they are in charge of their own lives and make their own decisions.

Complaint History – There was a substantiated complaint in the area of Service Plan.

On-Site Monitoring Evaluation – The monitor(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: Four of six tenant files reviewed did not have a cognitive evaluation done within 30 days of admission to the program. In an interview the RN stated the cognitive evaluations were not always completed within 30 days of admission.

- Regulatory Insufficiency: The program did not complete a cognitive evaluation within 30 days of admission as required.

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

Monitoring Observation: Five of six tenant files reviewed had updated service plans completed by the program, but did not have the required signature of tenant when updates or changes were made in the service plans.

- Regulatory Insufficiency: The program did not consult with the tenant when an update or change was made to service plans.

C. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: A review of Tenant # 6 file indicated the program kitchen staff was not following a physicians order for a gluten free diet.

- Regulatory Insufficiency: The program did not have a licensed dietician write and approve the therapeutic menu and review procedures for preparation and service of food for therapeutic diets.

Dated this 14th day of March, 2005

1. **Regulatory Insufficiency: The program did not complete a cognitive evaluation within 30 days of admission as required.**

Plan of Correction:

The RN Coordinator of the West Des Moines Bickford Cottage will use the MMSE prior to admission and if he/she scores moderately impaired or higher, the RN will follow up with a GDS within 30 days of admission on all residents admitted to Bickford Cottage, effective March 25th, 2005.

2. **Regulatory Insufficiency: The program did not consult with the tenant when an update or change was made to service plans.**

Plan of Correction:

When changes need to be made on the Service Plan, the Director of the West Des Moines Bickford Cottage will review changes with the resident and/or legal representative and will obtain the resident's signature, effective March 25th, 2005.

3. **Regulatory Insufficiency: The program did not have a licensed dietician write and approve the therapeutic menu and review procedures for preparation and service of food for therapeutic diets.**

Plan of Correction:

The Kitchen Manager of the West Des Moines Bickford Cottage, upon consultation with Ollie Peterson RD/LD, Consultant Dietician, will treat the physician's order for a Gluten-Free Diet for the resident in Apartment #101 as an allergy. The staff have been trained on the principles of the diet, have been trained to always read labels on boxes and cans to determine foods that may contain gluten in the form of fillers; such as; Hydrolyzed Vegetable Protein (HVP), or Textured Vegetable Protein (TVP); flavorings or stabilizers. The staff have been trained to contact the manufacturer for clarification of questionable ingredients or to contact our facility Dietician Consultant, Ollie Peterson. Currently the facility purchases Gluten-Free bread. The facility Dietician Consultant is available by telephone to respond to questions and will discuss the diet each time she is completing her audit in the facility. This POC will be effective March 25th, 2005.

This particular resident has not experienced weight loss or diet related episodes of diarrhea with the meals he is currently receiving at Bickford Cottage.