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

Assisted Living Program:

Mike Isaacson, Administrator
Bickford Cottage Assisted Living
5101 University Avenue
Cedar Falls, IA 50613

Complaint Intake: #12726-3R
Complaint Intake: #13010
Complaint Intake: #13018

Date of Investigation:

August 8th & 9th, 2006

Monitor(s):

Rose Boccella, MS
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 revisit 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 revisit and two new complaint visits were conducted at Bickford Cottage Assisted Living on August 8th & 9th, 2006. 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:	26

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):	10
Total Population:	36

***These are the census numbers represented by the program to be applicable at the time of the on-site visit.**

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints regarding Evaluation of Tenant, Criteria for Exclusion of Tenants, Service Plan, Tenant Documents, Nurse Review, Life Safety, Assisted Living Definition, Managed Risk, Activities and Staffing this certification period.

The second revisit of Complaint #12726 on May 4, 2006 resulted in a fine of $500.00 being levied against the program. This is the third revisit on Complaint #12726 and the first visit on two new complaints, #13010 and 13018.

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)].

Complaint Allegations **#12726R3, 13010 & 13018**: The program has received repeated regulatory insufficiencies related to inconsistently evaluating tenants' cognition, function and health status as needed with a change in condition.

- Monitoring Observation: Three of nine files reviewed indicate cognitive, functional and health evaluations were not completed appropriately:

  Tenant #1, a 76 year old, was admitted on 5-19-06, with diagnoses of Asthma, Atrial Fibrillation, Diabetes Mellitus II, Hypertension Non Origin Specific, Heart Valve Replacement, Mitral Stenosis, Aortic Valve Insufficiency, Rheumatoid Arthritis and Long-term Use of Anticoagulants. Progress notes from 5-22-06 through 7-14-06 indicate the tenant received wound care from the program. A physician's order dated 7-13-06 confirms the wounds have healed. A health evaluation of 6-19-06 and a functional evaluation of 6-20-06 did not reference the wounds or the wound care being given. Despite progress notes stating the tenant received wound care on the leg and foot, the program did not evaluate the tenant's condition by completing a functional, health and cognitive evaluation to determine the tenant's current status and needed services.

  Tenant #5, an 85 year old, was admitted on 4-8-06, with diagnoses of Dementia, Hypertension, Chronic Renal Insufficiency, Mild Valvular Heart Disease, Macular Degeneration, Senile Dementia with Delusions and Behavior Disturbance and Congestive Heart Disease. Progress notes dated 6-5-06 indicate the tenant was hospitalized from 6-5-06 to 6-14-06. A cognitive evaluation was completed on 6-13-06, staging the tenant at 5+ on the Global Deterioration Scale (GDS) indicating moderately severe cognitive decline. The functional evaluation of 6-13-06 indicates the tenant is independent with mobility and states no safety concerns. The tenant's health evaluation of 6-13-06 indicates the tenant ambulates with standby assist of one after prolonged sitting. Progress notes dated 6-14-06 indicate the tenant's physician has asked the staff to assist the tenant when ambulating to and from meals and activities for a few days. Progress notes dated 6-18-06 indicate staff found the tenant on the floor by the bathroom, with the tenant stating he/she fell when reaching for his/her walker. Four incident reports dated 6-15-06, 6-16-06, 6-18-06 and 8-4-06 indicate the tenant was found on the floor with two of the incident reports stating the tenant had fallen. Two of the incidents report the tenant was injured. During the on-site, it was noted the tenant was using a walker to ambulate. Despite a change in the ambulatory status of the tenant, the program did not complete a functional, health and cognitive evaluation to determine the tenant's current status and needed services.

  Tenant #7, an 89 year old, was admitted on 4-10-06, with diagnoses of Hypertension Not Origin Specific (NOS), Cancer in Situ Breast, Anemia NOS, Disease of Gallbladder NOS, Placement of Cholecystectomy Tube and Chronic Lung Disease. Progress notes dated 7-11-06 indicate the tenant's "Chole (sic) tube remains clamped." Progress notes dated 7-18-06 indicate the tenant returned from Iowa City with tubing removed. Instructions to leave, "gause (sic) on until Thurs-not even look at it. Gause (sic) can come off Thursday and then … can just wear a bandaide (sic) over it." The tenant's current health evaluation of 5-5-06, and functional evaluation of 5-9-06, indicates the cholecystostomy bag needs to be emptied twice daily. Despite a change in status as evidenced by the removal of the "Cholecystectomy

tube" on 7-18-06, the program did not complete a functional, health and cognitive evaluation in order to determine the tenant's current status and needed services.

- Regulatory Insufficiency: The program does not consistently evaluate tenants' cognition, function and health status as needed with a change in condition.

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 Allegations **#13010 & 13018**: It is alleged the program retains tenants who exceed the program's ability to provide care.

- Monitoring Observation: A current tenant list was obtained and reviewed. Four direct care staff interviewed did not identify any tenants who exceeded the program's ability to provide care as defined by regulation. Nine of nine tenant files reviewed indicated tenants did not exceed the program's ability to provide care under regulation.

- Regulatory Insufficiency: None noted.

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

Complaint Allegations **#12726R3, 13010 & 13018**: During historic complaint investigations, the program received regulatory insufficiencies related to inconsistently updating service plans as needed with a change in condition.

- Monitoring Observation: During the on-site, five of nine tenant files reviewed indicate service plans did not consistently reflect the current needs of tenants.

  Tenant #1's progress notes beginning 5-22-06 through 6-2-06 indicate the tenant had wounds on the left leg and great toe, receiving wound care until 7-13-06 when orders were received to discontinue appointments to the wound clinic. The service plan of 6-20-06 does not reference wound care being given to the tenant. Despite the tenant needing and receiving wound care, the program did not update the service plan to reflect services the tenant required.

  Tenant #2, an 86 year old, was admitted on 6-27-06, with diagnoses of Heartburn, Thyroid Cancer, History of Ruptured Appendix and Gout. Progress notes of 7-12-06 indicate the program administers scheduled medications with the tenant managing his/her as needed (prn) medications independently. The service plan of 6-27-06 states the program will routinely administer medications at regular intervals under physician's order. Despite the self administration of prn medications, the program did not update the service plan to reflect services the tenant required.

Tenant #4, an 87 year old, was admitted on 5-29-05, with diagnoses of Osteoporosis, Rheumatoid Arthritis, Congestive Heart Failure, Pacemaker, Stent Placement, Double Torn Rotor Cuff, Depression, Hypertension, and Hypothyroidism. Progress notes indicate the tenant was hospitalized on 4-28-06, returning to the program on 5-8-06. Therapy discharge instructions dated 5-9-06 indicate the tenant needs supervision with all transfers and walking to and from meals with walker. The tenant is also to ambulate three times daily and staff to use a gait belt and to follow with wheelchair so the tenant can rest as needed. The tenant's service plan of 5-4-06 indicates the tenant is able to ambulate and transfer independently when feeling well, and staff are to assist when using a wheelchair or to provide stand by assistance when the tenant uses a walker or transfers. Despite discharge instructions of 5-9-06, giving specific instruction for staff to follow, the program did not update the service plan to reflect services the tenant required.

Progress notes dated 5-23-06 indicate a pressure area to one of the tenant's heels, and notes a wound area. Progress notes of 5-23-06 indicate staff were instructed to position a pillow in bed and chair under the heel to minimize pressure to the site. Progress notes dated 6-2-06 indicate the tenant's physician was contacted related to an encrusted decubitis ulcer of the right heel. Progress notes as of 5-23-06 through 8-3-06 indicate the program provided wound care to the tenant. The tenant's service plans of 6-13-06 and 7-17-06 do not indicate the tenant was receiving wound care from the program. Despite the tenant needing and receiving wound care, the program did not update the service plan to reflect services the tenant required.

Tenant #5's service plan of 6-14-06 indicates the tenant is independent with mobility and does not require any assistive devices. Progress notes dated 6-14-06 indicate the tenant's physician asked the staff to assist the tenant when ambulating to and from meals and activities for a few days. Progress notes dated 6-18-06 indicate staff found the tenant on the floor by the bathroom, with the tenant stating he/she fell when reaching for his/her walker. Four incident reports dated 6-15-06, 6-16-06, 6-18-06 and 8-4-06 indicate the tenant was found on the floor. Two of the incident reports state the tenant was injured. During the on-site, it was noted the tenant was using a walker to ambulate. Despite the tenant needing assistance to ambulate, the program did not update the service plan to reflect the tenant's current need for services.

Tenant #7's progress notes dated 7-11-06 indicate the tenant's "Chole (sic) tube remains clamped." Progress notes dated 7-18-06 indicate the tenant returned from Iowa City with tubing removed. Instructions to leave, "gause (sic) on until Thurs-not even look at it. Gause (sic) can come off Thursday and then … can just wear a bandaide (sic) over it." The tenant's current service plan of 5-9-06 indicates the tenant has a drainage bag for his/her gallbladder and for staff to assist the tenant in draining the cholecystostomy bag twice daily. Despite the removal of cholecystostomy bag on 7-18-06, the program did not update the service plan to reflect the tenant's current need for services.

- Regulatory Insufficiency: The program does not consistently update service plans with a change in condition to reflect the current needs of tenants.

D. 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 Allegations **#13010 & 13018**: It is alleged staff do not answer pages from tenants requesting assistance.

- Monitoring Observation: A review of the paging system the program uses indicates it works correctly when staff use it properly. The administrator and RN report if the phones are not fully charged, the phones will not ring consistently. Staff interviews confirm one incident when they were helping a tenant and didn't receive two separate pages from two tenants. Staff stated this is an isolated event and does not happen with any frequency. The administrator stated the program is installing booster antennas to prevent this problem from occurring again. Five tenants interviewed stated they have not had any problem when they have paged staff for assistance.

- Regulatory Insufficiency: None noted.

D. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39].

Complaint Allegations **#12726R3, 13010 & 13018**: It is alleged the program does not offer enough activities for tenants.

- Monitoring Observation: A review of the program's activity calendar for the last two months indicates there are activities scheduled each day of the week. Five tenants interviewed stated the program offers a variety of activities and state there are plenty of things to do. Three of three tenant files reviewed indicate each tenant's service plan identifies activities of interest and one on one programming when appropriate.

- Regulatory Insufficiency: None noted.

E. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)].

During the course of the investigation, it was determined the program does not conduct criminal background and dependent adult abuse checks prior to employment.

- Monitoring Observation: Four of eight staff files reviewed reflect that the program does not conduct criminal background and dependent adult abuse checks prior to employment. Staff #1 was hired on 7-14-06, with a criminal background and dependent adult abuse check completed on 7-26-06. The program also received a "possible hit" for dependent adult abuse, but did not initiate a request for Dependent Adult Abuse Registry

Information. Staff #2 was hired on 7-13-06, with a criminal background and dependent adult abuse check completed on 7-26-06. Staff #3 was hired on 6-2-06, with a criminal background and dependent adult abuse check completed on 7-26-06. Staff #4 was hired on 7-5-06, with a criminal background and dependent adult abuse check completed on 7-26-06.

- Regulatory Insufficiency: The program does not complete the criminal background and dependent adult abuse checks prior to hire, as required.

Dated this 5th day of September, 2006.