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

Assisted Living Program: **Complaint Intake #: 12726-2R**

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

Date of Investigation:

May 4, 2006

Monitor(s):

Rose Boccella, MS
Hal Chase, RN BSN MPH
Stephanie Cummins, SW MA

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 second complaint investigation on-site revisit was conducted at Bickford Cottage Assisted Living in Cedar Falls on May 4, 2006. 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):	9
Current number of tenants without cognitive disorder:	26
Total Population:	35

***These are the census numbers represented by the program to be applicable.**

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints regarding Evaluation of Tenant, Exclusion of Tenant, Service Plan, Tenant Documents, Nurse Review, Life Safety, Assisted Living Definition, Managed Risk, Activities and Staffing 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: The program previously received an insufficiency related to evaluations as a result of the complaint investigation conducted on 02-20-06.

  Eight tenant files were reviewed at the 05-04-06 revisit. Five new tenants were admitted and two tenants were hospitalized since the last revisit which occurred on 04-04-06.

  Tenant #2, an 88 year old, was admitted on 04-09-06 with diagnoses of Hypertension (HTN), History of Breast Cancer, Anemia, Gallbladder Disease and Chronic Lung Disease. The functional evaluation was completed on 04-05-06 prior to tenant taking occupancy. The tenant scored 29 out of 30 on the Mini-Mental Status Examination (MMSE) which indicated normal cognitive function; however, the health and cognitive evaluations were completed on 4-10-06, one day after taking occupancy.

  Tenant #3, a 78 year old, was admitted on 10-23-04 with diagnoses of Schizophrenia, Bipolar Disorder with increased confusion, Depression, Delusions, Osteoporosis, Hyperlipidemia, Anxiety, Paranoia, Hypertension, Angina, Osteoarthritis, and Hypercholesterolemia. The tenant scored 28 out of 30 on the MMSE on 04-08-06 indicating normal cognitive function. The tenant was hospitalized for behaviors from 04-08-06 to 04-11-06. A health evaluation was completed on 4-11-06 following hospitalization; however, no cognitive evaluation or service level assessment (functional) was performed. Progress notes dated 04-14-06 state the tenant set off the main door alarm. Progress notes dated 04-17-06 state the tenant was coming into the hall sparsely dressed. Progress notes dated 04-19-06 state the tenant was increasingly agitated and was speaking of death and hell. Progress notes dated 04-21-06 report the tenant was making frequent comments about God and the Devil. On 04-22-06 the tenant disrupted other tenants in the dining room and told them they were going to die and he/she was suppose to kill everyone. Progress notes of 04-23-06 states the tenant came out of his/her apartment wearing nothing but underwear and stating to the other tenants "they are going to die." Progress notes of 04-23-06 at 6:00 pm state the tenant was admitted to the behavioral unit at the hospital for treatment of erratic behaviors, inadequate attire in hallways and preoccupation with death. Progress notes of 04-26-06 state the tenant remains the same and no discharge date from the hospital is imminent; therefore, the tenant remains hospitalized at the time of the on-site. The last service level assessment (functional) was performed 11-18-05. Due to continued adverse behavioral issues, evaluations are required by regulation with changes in tenant's condition.

  Tenant #5, an 86 year old, was admitted on 5-29-05 with diagnoses of Osteoporosis, Rheumatoid Arthritis, Congestive Heart Failure, Pacemaker, Depression, Hypertension and Hypothyroidism. The tenant scored 23 out of 30 on the MMSE dated 03-21-06 indicating mild cognitive impairment. Progress notes dated 04-13-06 indicates the tenant vomited while in bed and "has been weak the rest of 1st shift." Progress notes of 04-21-06 indicate the night staff reported tenant has had increased confusion, increased weakness, and concentrated urine. Progress notes of 04-21-06 at

3:00 pm indicate the daughter-in-law visited and was made aware of status changes. Progress notes dated 04-28-06 indicates staff reports the tenant requires a two-person assist for transfer and refusing oral intake. Progress notes of 04-28-06 indicate tenant was undergoing tests, and at 6:30 pm the tenant's son called and informed the program the tenant was admitted to the hospital. Progress notes of 05-01-06 indicate the tenant's son told the program the tenant may have had a questionable Cerebral Vascular Accident (CVA); the hospital is currently assessing the tenant. No health evaluation was performed with change in condition as the most recent health evaluation was performed 03-21-06. No service level assessment (functional) has been done since 12-26-05. Due to adverse health changes and increasing confusion, evaluations are required by regulation with changes in tenant's condition.

- Regulatory Insufficiency: The program does not consistently evaluate tenants' cognition, function and health status prior to taking occupancy or 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]

- Monitoring Observation: The program received an insufficiency related to criteria for exclusion of tenants as a result of the complaint investigation conducted on 02-20-06.

  Tenant #1, a 70 year old, was admitted on 11-30-03 with diagnoses of Supra Nuclear Palsy, Status Post Head Injury with Evacuation of Subdural Hematoma, Osteoarthritis, and Dysathria. The tenant has been involved in a Hospice program for 16 months. The tenant is non verbal and uses an assistive device to communicate needs. A communication book is kept in the tenant's apartment and documents the hourly care given by staff. Staff provides supervision with daily meals, and Hospice staff and family assist with eating. Tenant is currently receiving Alleryn patches and whirlpool for a 2 centimeter superficially open area on the coccyx. Family has provided a gel mattress. Family visits daily and tenant has a small dog as a companion.

  Two out of three staff interviews state Tenant #1 was identified as requiring routine two-person assistance with transfer. The service plan of 4-12-06 states Tenant #1 is a one person transfer but may need the assistance of two intermittently. Following the complaint investigation conducted on 02-20-06, the program applied for a waiver for Tenant #1 on 02-22-06 and was granted a thirty (30) day conditional waiver with an expiration date of 03-28-06. On 04-04-06 a complaint investigation revisit was conducted, and the tenant was observed receiving appropriate care by the monitor. During the 5-4-06 visit, hourly logs reveal Tenant #1 was receiving appropriate care. On 04-17-06 the program applied for an extension for the waiver which expired on 03-28-06, and was granted another thirty (30) day conditional waiver until 04-28-06. On 04-24-06 the Department received a request for a second extension. The program has been granted a standard Hospice waiver expiring on 6-28-06 with an opportunity for further extension at that time.

- 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]

- Monitoring Observation: The program received an insufficiency related to service plans as a result of the complaint investigation conducted on 02-20-06 and reaffirmed on 04-04-06.

  Tenant #2, an 88 year old, was admitted on 04-09-06 with diagnoses of Hypertension, Breast Cancer, Anemia, Gallbladder Disease and Chronic Lung Disease. The functional evaluation was completed prior to taking occupancy on 04-05-06. The tenant scored 29 out of 30 on the Mini-Mental Status Examination (MMSE) which indicated normal cognitive function; however, the health and cognitive evaluations were completed on 4-10-06, one day after taking occupancy. The service plan was dated 04-07-06 prior to the completion of the cognitive and health evaluations. The service plan was not signed by the tenant and three staff until 4-10-06. The cognitive, health and functional evaluations must be completed prior to the service plan development.

  Tenant #3, a 78 year old, was admitted on 10-23-04 with diagnoses of Schizophrenia, Bipolar Disorder with increased confusion, Depression, Delusions, Osteoporosis, Hyperlipidemia, Anxiety, Paranoia, Hypertension, Angina, Osteoarthritis, and Hypercholesterolemia. The tenant scored 28 out of 30 on the MMSE on 04-08-06 indicating normal cognitive function. The tenant was hospitalized for behaviors from 04-08-06 to 04-11-06. A health evaluation was completed on 4-11-06 following hospitalization; however, no cognitive evaluation or service level assessment (functional) was performed. Progress notes dated 04-14-06 state the tenant set off the main door alarm. Progress notes dated 04-17-06 state the tenant was coming into the hall sparsely dressed. Progress notes dated 04-19-06 state the tenant was increasingly agitated and was speaking of death and hell. Progress notes dated 04-21-06 report the tenant was making frequent comments about God and the Devil. On 04-22-06 the tenant disrupted other tenants in the dining room and told them they were going to die and he/she was suppose to kill everyone. Progress notes of 04-23-06 states the tenant came out of his/her apartment wearing nothing but underwear and stating to the other tenants "they are going to die." Progress notes of 04-23-06 at 6:00 pm state the tenant was admitted to the behavioral unit at the hospital for treatment of erratic behaviors, inadequate attire in hallways and preoccupation with death. Progress notes of 04-26-06 state the tenant remains the same and no discharge date from the hospital is imminent; therefore, the tenant remains hospitalized at the time of the on-site. The service plan, dated 04-12-06, states under behavior to redirect the tenant when behavior is inappropriate and requests staff knock and announce themselves prior to entering his/her room. The service plan was not updated when the tenant's condition changed.

  Tenant #4, an 87 year old, was admitted on 04-28-06 with diagnoses of Congestive Heart Failure and Chronic Obstructive Pulmonary Disease. The health evaluation and service level assessment (functional) were completed 04-27-06 prior to tenant taking occupancy. The tenant scored 27 out of 30 on the MMSE completed prior to tenant taking occupancy indicating mild cognitive impairment. Prior to taking occupancy a

service plan was developed; however, only a family member signed it instead of the tenant. The service plan is required to be signed by the tenant and three staff upon completion.

Tenant #5, an 86 year old, was admitted on 5-29-05 with diagnoses of Osteoporosis, Rheumatoid Arthritis, Congestive Heart Failure, Pacemaker, Depression, Hypertension and Hypothyroidism. The tenant scored 23 out of 30 on the MMSE dated 03-21-06 indicating mild cognitive impairment. Progress notes dated 04-13-06 indicates the tenant vomited while in bed and "has been weak the rest of 1st shift." Progress notes of 04-21-06 indicate the night staff reported tenant has had increased confusion, increased weakness, and concentrated urine. Progress notes of 04-21-06 at 3:00 pm indicate the daughter-in-law visited and was made aware of status changes. Progress notes dated 04-28-06 indicates staff reports the tenant requires a two-person assist for transfer and refusing oral intake. Progress notes of 04-28-06 indicate tenant was undergoing tests, and at 6:30 pm the tenant's son called and informed the program the tenant was admitted to the hospital. Progress notes of 05-01-06 indicate the tenant's son told the program the tenant may have had a questionable Cerebral Vascular Accident (CVA); the hospital is currently assessing the tenant. No health evaluation was performed with change in condition on 04-21-06 as the most recent health evaluation was performed 03-21-06. No service level assessment (functional) has been done since 12-26-05. The most recent service plan was completed 03-24-06 with the tenant signing 03-30-06; however, it was not based on a current service level assessment (functional). The cognitive and health evaluations had been completed prior to the service plan of 03-24-06. The service plan was not updated when the tenant's condition changed subsequent to the service plan of 03-24-06.

Tenant #6, a 78 year old, was admitted on 04-11-06 with diagnoses of Cervical Spondylosis, Ulcerative Colitis, Hyperlipidemia, and Chronic Osteoporosis. The service level assessment (functional) and health evaluations were completed on 04-10-06 and the cognitive evaluation was completed on 04-07-06. The tenant's initial service plan was completed on 04-12-06, and was signed by the tenant on 04-13-06, two days after the tenant was admitted to the program.

Tenant #7, an 85 year old, was admitted on 4-8-06 with diagnoses of Dementia, Hypertension, Chronic Renal Insufficiency, Mild Valvular Heart Disease and Macular Degeneration. The service level assessment (functional) and cognitive evaluation were completed on 3-27-06 prior to admission. However, the health evaluation was completed on 4-12-06, four days after admission. The tenant's initial service plan was completed on 4-8-06; however, the RN did not sign the plan until 4-10-06, two days after the tenant was admitted to the program.

Tenant #8, a 79 year old, was admitted to the program on 04-22-06 with diagnoses of HTN, Hypothyroidism, Chronic Upper Respiratory Infection, Depression, Irritable Bowel Syndrome, and History of Breast Cancer. The service level assessment (functional) and cognitive evaluations were completed on 04-12-06 and the health evaluation was completed on the 04-20-06. The tenant's initial service plan was completed by the program on 04-21-06; however, the tenant did not sign the service plan until 05-01-06.

- Regulatory Insufficiency: The program does not have service plans that reflect the current needs of tenants.

- Regulatory Insufficiency: The program does have not service plans appropriately signed by the tenant and other staff involved in the development of the plan.

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]

- Monitoring Observation: The program received an insufficiency related to activities as a result of the complaint investigation conducted on 02-20-06 and reaffirmed on 04-04-06.

  The monitors' observation during the current on-site investigation and review of eight tenant files suggest that the program provides programming that reflects individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement.

- Regulatory Insufficiency: None noted.

Dated this 23rd day of June 2006.