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

Assisted Living Program: **Complaint Intake #:** 13070

Patti Hayes, Director
Bickford Cottage
101 New Castle Road
Marshalltown, IA 50158

Date of Investigation:

September 13, 2006

Monitor(s):

Stephanie Cummins, SW MA
Chris Nothaft, BSW

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 visit was conducted at Bickford Cottage - Marshalltown on September 13, 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):	5
Current number of tenants without cognitive disorder:	35
Total Population:	40

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

Accreditation Status – Not applicable.

Complaint History – There was a complaint in the area of Service Plans during 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: During the course of the investigation, the following information was obtained.

Tenant #1, an 81 year old, was admitted on 11-4-05 and has diagnoses of Hypertension (HTN) Non Origin Specific (NOS) and Senile Dementia. The tenant was Stage four on the Global Deterioration Scale (GDS), which indicates moderate cognitive impairment. Staff report the tenant is toileted every two hours. The health evaluation dated 6-1-06 states staff will assist with "regular 5 or so x per day toileting." The evaluation does not reflect the tenant's current toileting needs.

Tenant #2, an 82 year old, was admitted on 4-11-06 and has diagnoses of HTN, Gout, Chronic Obstructive Pulmonary Disease (COPD) and Mastatic Colon Cancer. The tenant is currently receiving Hospice services. The tenant was Stage four on the GDS, which indicates moderate cognitive impairment. According to the service plan updated 9-6-06, the tenant has an open area on buttock and a barrier is to be applied as needed. A health evaluation was completed on 9-6-06; however, the evaluation does not address the open area on the buttock.

- Regulatory Insufficiency: The program does not complete health evaluations that reflect the tenants' current health status.

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 Allegation: It is alleged the program retains tenants who exceed the program's ability to provide care.

Monitoring Observation: Five direct care staff interviewed did not identify any tenants who exceeded the program's ability to provide care as defined by regulation. Five of five 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]

Monitoring Observation: During the course of the investigation the following information was obtained. Three of five tenant files reviewed indicate service plans do not consistently reflect the current needs of tenants.

Tenant #1 is toileted every two hours according to staff interviews. The most recent service plan states, under Toileting, periodic night checks. The service plan states, the tenant is able to assist with personal hygiene and periodic night management. Despite the

tenant needing and receiving two hour toileting, the program did not update the service plan to reflect services the tenant required.

Tenant #2 receives Hospice services. An interview with the Hospice Nurse indicates a Home Health Aide (HHA) assists the tenant daily (Monday-Friday) with bathing and it varies from bed bath to regular bath or shower. The most current service plan states, to assist with bathing, foot and back care and assistance one to two times per week. Staff interviews indicate the tenant is toileted every two hours. The service plan directs the staff to assist the tenant to and from toilet. The tenant wears an adult incontinent product and needs assistance with clothing and personal hygiene. The service plan also indicates checks every two hours at night for management of incontinence. Despite the tenant needing and receiving two hour toileting and receiving Hospice assistance with bathing, the program did not update the service plan to reflect services the tenant required.

Tenant #3, a 60 year old, was admitted on 2-3-05 and has diagnoses of Multiple Sclerosis (MS), weakness and HTN. Two of five staff indicated the tenant is a routine two person transfer. An interview with the Physical Therapy Assistant (PTA) indicates for safety purposes the tenant is a two person transfer. The most current service plan directs the staff to assist the tenant to and from chair, toilet and bed by one staff person and other staff may assist with adjusting clothing and hygiene. It also states the tenant has and may use a sliding board. Despite the tenant needing and receiving two person transfers at times, the program did not update the service plan to reflect services the tenant required.

- 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 Allegation: It was alleged the program does not provide appropriate care.

Monitoring Observation: Five direct care staff were interviewed from both first and second shifts. Staff were asked who assists Tenant #2 with bathing and staff provided four different responses. Two of five staff state they are unsure who does bathing, one of five staff state Hospice does bed baths daily, one of five staff state program staff provides bathing assistance and one of five state Hospice provides showers. According to an interview with the Hospice Nurse, a Home Health Aide (HHA) assists the tenant daily (Monday-Friday) with bathing and it varies from bed bath to regular bath or shower. According to a service plan update on 9-6-06, Tenant #2 has an open area on the buttock. Four of five staff indicate in interviews the tenant has no skin integrity or breakdown issues. The only staff to identify the tenant as having a skin integrity issues on his/her buttocks indicates the area was not open.

- Regulatory Insufficiency: The program does not have sufficient trained staff available at all times to fully meet tenants' identified needs.

Dated this 2nd day of October, 2006.