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

Assisted Living Program: **Complaint Intake #: 12377**

Ms. Jill Knipp, Administrator
Bickford Cottage Assisted Living
5101 University Ave.
Cedar Falls, IA 50613

Date of Investigation:

August 9, 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 Assisted Living on August 9, 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:	36
Current number of tenants with cognitive disorder:	2
Total Population:	38

Dementia Specific Program (DSP) **–** Not applicable.

Accreditation Status – Not applicable.

Complaint History – There were substantiated complaints in the areas of Service Plan, Occupancy and Transfer, Evaluation of Tenant, Medications, and Occupancy Agreement 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)]

During the course of the investigation, it was found the program did not consistently evaluate tenants' functional, cognitive abilities and health status when a change in status occurred.

- Monitoring Observation: Three of five tenant files reviewed indicated changes in status which would warrant an evaluation of tenant's functional, cognitive and health status.

  Tenant #1was admitted 5/21/04 and the most recent evaluation was completed on 6/7/05. Hospice completed a nursing assessment on 6/17/05, 6/21/05 and 6/24/05; changes in cognition, health and functional status were noted in each report. The tenant fell on 6/27/05, 7/28/05 and 7/29/05. The program completed incident reports; however, evaluations were not completed. Tenant #1 was hospitalized on 7/29/05 due to a fall at the program, returned to the program on 8/8/05 but the program did not complete an evaluation of tenant despite a change in the status.

  Tenant #2 was admitted 3/6/2000 and a Global Deterioration Scale (GDS) of 5 was completed on 4/12/05. A Brief Cognitive Rating Scale (BCRS) was completed on 4/12/05 noting tenant needing "constant assistance in activities of daily living". A service assessment was completed on 7/4/05 that reported the tenant to be independent with social activities, and bathing; however, two staff interviewed reported the tenant needed assistance with all personal cares.

  Tenant #3 was hospitalized on 6/21/05 with a fracture below the knee of left leg. The tenant returned on 6/23/05 to the program. The program nurse wrote in the progress notes on 6/23/05 the tenant was "non-weightbearing to left leg service plan continue to be the same". The last tenant evaluation was 4/25/05 and 7/25/05 with no evaluation done when the tenant returned to the program on 6/23/05. The service plan was updated to include a "two person assist" with transfer; however, the date of this entry is unknown as it was not dated.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status as needed to determine the tenant's eligibility for the program and to determine any modification to needed services.

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]

During the course of the investigation, it was found the program did not initiate transfer for tenants requiring a higher level of care than the program is allowed to provide under regulation.

- Monitoring Observation: Two of five tenant files reviewed indicated two tenants required a higher level of care than the program can provide under regulation.

A review of Tenant #1's file indicated hospice completed a nursing assessment on 6/24/05, reported the tenant needing assistance of two staff for transferring and the tenant is bed bound. The hospice nurse reported to the monitor the tenant exceeded the program's ability to provide a higher level of care.

Tenant #3's file indicated the tenant requires a two-person transfer due to a broken left leg. The tenant fell on 6/21/05, was admitted to the hospital and returned on 6/23/05 with a cast. Progress notes through 7/20/05 reported the tenant continues to need two-person assistance with transfer. Direct care staff interviewed, the tenant's service plan, and the program nurse all indicated the tenant needing a two-person assist with transfer, as the tenant cannot bear weight.

Tenant #5, cited in the complaint, did not meet criteria for transfer. The tenant had not eloped from the program and did not exhibit any behaviors that would put the tenant at risk of doing so.

- Regulatory Insufficiency: The program did not initiate transfer for Tenant #1 and Tenant #3, who required a higher level of care than the program can provide under state regulation.

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

During the course of the investigation, it was found the program did not complete a service plan that was reflective of the health related and personal cares needed by tenants.

- Monitoring Observation: Three of five tenant files reviewed indicated changes in status to warrant an updated service plan.

  Tenant #1's last evaluation was completed on 6/7/05 with no service plan update. Hospice completed a nursing assessment on 6/17/05, 6/21/05, and 6/24/05. Changes in cognition, health, and functional status were noted. The tenant had three falls one on 6/27/05, 7/28/05, and 7/29/05. Incident reports were completed, but service plans were not updated to reflect the change in the tenant's status and need for additional services. The tenant was hospitalized on 7/29/05 due to a fall at the program and returned on 8/8/05. The last service plan dated 6/6/05 indicates changes in mentation, bowel and bladder care, but did not address additional needs of the tenant. The program did not have a current care plan from hospice to coordinate services to meet the tenant's needs. The service plan of 6/6/05 was not updated in collaboration with the tenant or his/her legal representative, and with a multi-disciplinary team.

  Tenant #2 has a GDS of 5 completed on 4/12/05. A BCRS was completed on 4/12/05 noting tenant needing "constant assistance in activities of daily living". A service assessment completed on 7/4/05 reported the tenant to be independent with social activities, and bathing. Staff interviewed reported the tenant needed assistance with all personal cares. The last service plan update in the tenant's file was 4/12/05.

  Tenant #3 was hospitalized on 6/21/05 with a fracture below the knee of left leg. The tenant returned on 6/23/05 to the program. The program nurse wrote in the progress

notes that the tenant was “non-weightbearing to left leg service plan continue to be the same”. The service plan was updated to include a “two person assist” with transfer. The date of this entry is unknown as it was not dated and the service plan was not updated in collaboration with the tenant or his/her legal representative, and a multi-disciplinary team.

Tenant #4 was admitted to the program on 1/21/05 and the tenant took occupancy on 1/21/05. The tenant on 1/24/05 signed the initial service plan, three days after the tenant took occupancy.

Tenant #5 was admitted to the program on 7/29/05. The tenant has a GDS score of 3 and no legal representative. A review of the tenant’s service plan indicates the tenant did not sign the service plan as required by regulation.

- Regulatory Insufficiency: The program did not update the service plan to meet the needed services of the tenant’s.

- Regulatory Insufficiency: The program did not have tenant or the tenant’s legal representative sign the service plan.

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]

During the course of the investigation, it was found the program did not train staff to meet the identified needs of the tenant.

- Monitoring Observation: Tenant #1 returned from the hospital on 8/8/05. The program nurse stated the tenant requires total dependent care including two hour turns and range of motion, and in-dwelling Foley catheter care. The program nurse reported there were no training records to indicate staff had been trained on catheter care. The tenant’s service plan indicates “catheter management program”; however, the nurse reported there wasn’t a catheter management program and staff were not trained in this program.

- Regulatory Insufficiency: The program did not ensure that all personnel employed by the program received training appropriate to assigned tasks and target population. The program did not ensure sufficient trained staff was available at all times to fully meet tenant’s identified needs.

Dated this 19 day of August, 2005