Iowa Department of Inspections and Appeals
Assisted Living Program
(AMENDED) - Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 12470**

Jill Knipp, Administrator
Bickford Cottage Assisted Living
5101 University Avenue
Cedar Falls, IA 50613

Date of Investigation:

October 12, 2005

Monitor(s):

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(6)(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 on October 12, 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:	35
Current number of tenants with cognitive disorder:	3
Total Population:	38

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

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

Accreditation Status – Not applicable.

Complaint History – There are substantiated complaints in the areas of occupancy and transfer criteria, medications, occupancy agreement, criteria for exclusion of tenants, service plan and staffing. Other complaints are pending.

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: In the course of the investigation, two out of four tenant files reviewed indicate Tenant #1 was admitted on 8-27-05, had a cognitive and health evaluation after taking occupancy, but did not have a 30-day evaluation. Tenant #2, admitted on 9-6-04 was due for an annual evaluation and none has been completed. The divisional registered nurse (RN) states routine evaluations are her next priority and she is aware they are not up to date.

- Regulatory Insufficiency: The program does not evaluate tenants' functional, cognitive and health status prior to taking occupancy, within 30 days and annually.

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 was alleged the program retained tenants beyond an appropriate level of care.

- Monitoring Observation: Tenant #1, admitted on 8-27-05, has a diagnosis of Mitral Valve Prolapse, Hypertension, Dementia, Hypothyroid, Breast Cancer, Renal Cancer, Thyroid Cancer and Diabetes Mellitus. On 8-29-05 the tenant was found without pants on, wearing underwear and four shirts and was holding the tenant's cat wrapped up in a shirt. According to progress notes, on 9-2-05, the tenant eloped from the side door, and at 3:30 pm set off a door alarm and was found outside. On 9-5-05 the tenant set off a door alarm, and again on 9-9-05 and eloped. On 9-11-05 the tenant was found sleeping with all the lights on and the shower running. On 9-12-05 the tenant was found in the hall with a purse on one foot and underwear on the other foot. According to progress notes, on 9-15-05, the tenant tried to elope, was redirected by another tenant, then went to another door and set off that alarm. Notes state staff redirected the tenant after finding him/her. On 9-22-05 the tenant tried to elope with his/her cat and was again redirected by another tenant. Progress notes state on 9-25-05 the tenant tried to exit, was redirected by another tenant, then went down the hallway and set off an alarm to a different exit door. The tenant also left the shower on and staff found steam rolling out of the bathroom. The divisional RN states the tenant has improved since taking Lorazepam for anxiety on 10-6-05; however, progress notes state on 10-9-05, the tenant went into two other tenants' rooms and stated the tenant was going to leave. Staff checked on the tenant and found the shower running and water all over the bathroom floor. Staff indicated during interviews there are numerous additional incidents of elopements and unusual behavior; however, many of the staff will not record or document it.

- Regulatory Insufficiency: The program did not exclude a tenant who is a danger to himself/herself, requiring a higher level of care.

  In response to the preliminary identification of Tenant #1exceeding occupancy criteria, the program provided input, subsequent to the on-site, that the tenant's

current function and health care needs are, at this time, within the parameters allowed in an assisted living program.

C. 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. [321IAC 25.33(6)]

Complaint Allegation: It was alleged the nurse was not available when needed.

- Monitoring Observation: The former program RN quit on 9-16-05. The divisional RN and an RN from another building were involved in the interim. A new RN was hired and plans to start on 10-13-05, according to the administrator and divisional RN. A nurse was in the building at least four days a week, Tuesday through Friday, and the divisional RN was in the building days, weekends and nights. Staff state they have no problems reaching a nurse if needed and state the nursing oversight and involvement has improved since the last RN left.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged the program failed to follow physician orders for wound care.

- Monitoring Observation: Tenant #4 had heel ulcers with a wound clinic and program staff involved in treating the wounds. According to the divisional RN, the tenant's physician called approximately three to four times during the last week the former program RN was employed regarding the size and condition of the wounds. The RN did not return the physician's calls. According to the divisional RN, the doctor was frustrated the RN had not returned the doctor's calls. The administrator and divisional RN were not aware of this situation until the RN had left and state it is not acceptable protocol to not return the calls of a physician. The divisional RN states she took dimensions of the wounds and sent measurements to the physician who had noted some improvement. Tenant #4 has since been transferred to a nursing home.

- Regulatory Insufficiency: None noted.

Dated this 27th day of December, 2005.