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

Assisted Living Program: **Complaint Intake #: 12533**

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

Date of Investigation:

November 3 & 4, 2005

Monitor(s):

Rose Boccella, MA
Stephanie Cummins, SW MA
Ann Martin, RN

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 November 3 & 4, 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:	4
Total Population:	40

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 were substantiated complaints this certification period regarding Occupancy Agreement, Medications, Occupancy and Transfer Criteria, Exclusion of Tenants, Service Plan and Staffing.

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 does not appropriately evaluate tenant's cognitive abilities.

- Monitoring Observation: Tenant #1 was staged at five on the Global Deterioration Scale (GDS). The tenant is bed-bound, dependent with all Activities of Daily Living (ADLs) and essentially nonverbal. Tenant #2 was admitted to Hospice for increased confusion, after being staged at three to four on the GDS by assisted living staff. The tenant was observed demonstrating behavioral elements of stages five and six.

- Regulatory Insufficiency: The program does not accurately evaluate tenant's cognitive abilities to determine the tenant's continued eligibility for the program and to determine any modifications 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]

Complaint Allegation: It was alleged the program is not providing adequate care to a tenant on Hospice, as well as, a tenant requiring two persons for transfer and a third tenant with unmanageable incontinence.

- Monitoring Observation: The program had applied for a Hospice waiver extension for Tenant #1, whose waiver was originally granted 11-16-04. The program had also applied for an original Hospice waiver for Tenant #2. Both waivers were denied 10-7-05. The program has had three complaints filed with substantiated allegations from August 2005 through November 2005, in which tenants' care needs were not adequately met.

  Tenant #1 has a history of Depression, Osteoarthritis, T-Cell Lymphoma, Hiatal Hernia, Peripheral Vascular Disease, Waldenstrom's Macroglobulinema, Dementia, Hypertension, and Osteoporosis. Tenant has an open area superficial to coccyx, observed 10-14-05. Tenant is bed-bound and somnolent, completely dependent on staff for cares. The monitor observed the cares delivered to Tenant #1 from 11:30am to 5:30pm on 11-3-05 and from 8:30am to 11:00am on 11-4-05. A second monitor made two hour rounds with the night staff in the early morning hours of 11-4-05. The task sheet at the bedside indicated Tenant #1 would be checked at two-hour intervals twenty-four hours per day. After each two-hour check during this time period, the caregiver who signed off on the task sheet was interviewed by the monitor and observation was made by the monitor at the bedside. Two caregivers admitted no liquid was offered to the tenant, a third caregiver did not recall if liquid was offered. Ice cream was offered twice by staff in view of the monitor. While staff moved the tenant's pillow, the tenant's position remained unchanged, on the right side, throughout 11-3-05. Morning cares are provided by Comfort Cares staff. No nutritional supplement was observed at the bedside on 11-3-05 as ordered by the Hospice nurse. After interview of the Hospice aide from Comfort Care and

prompting by the monitor, a supplement was visible on the bedside table. In interviews with multiple caregivers, it was explained to the monitors that the practice is for one of the caregivers to stop and give care every two hours and then sign the task sheet, though no staff was personally assigned. Two registered nurses (RNs) and the Administrator stated during an interview, they are unclear on the care being delivered to Tenant #1. During rounds on the third shift, the monitor observed the tenant literally being turned to a new position and offered fluid with the head of the bed elevated. Caregivers stated a suppository was given at 4:00am every three days, as the tenant is unable to evacuate stool. Overhead lights were turned on at two-hour intervals in the tenant's room (as well as others) requiring two-hour checks. During night rounds a task sheet, pre-signed for all of 11-4-05, was discovered, as well as two omissions on another tenants' task sheet. As to the pre-signed document, the program essentially certified to cares that had not yet even been provided. Numerous caregivers report cares are not delivered routinely to Tenant #1, despite signatures/initials on the task sheet.

Tenant #2 has a history of Cerebral Vascular Accident, Hypertension, Dementia, Hydrocephalus, and Posterior Fossa Cyst. Tenant was admitted to Hospice 9-1-05. Tenant uses a wheelchair, is unable to ambulate and requires routine two-person assistance with transfer. Tenant weighed 217 on 1-10-05 and 204 on 10-5-05. The Hospice evaluation dated 9-1-05 states, "the tenant is dependent on ADLs." In interview of leadership staff, the two nurses understood the Hoyer lift was not being used in lieu of a two-person transfer. They stated the original sling was inappropriate and a new one had been ordered. The Administrator stated the Hoyer was being used for Tenant #2. Multiple caregivers stated it had never been used, despite injuries to staff. Training on the Hoyer lift had never been completed. The file reveals Tenant #2 was a Full Code by own signature as well as the doctor's signature. The Hospice paperwork indicates the tenant was a Do Not Resuscitate (DNR). The marking system for a Full Code in this building involves a green dot being placed on the tenant's file, as well as the tenant's apartment, creating confusion for the staff. At least one staff member reports Code status is unclear in this building. On 11/3/05, the tenant was out of the building with family for much of the day. On interview 11-4-05 with Cedar Valley Hospice, the hospice nurse said Tenant #2 was admitted for increased confusion and decreased activity with ADLs. She stated appetite was decreased with some nausea and vomiting but weight was stable and the tenant had no signs or symptoms of end of life. Re-evaluation for Hospice eligibility is due 12-7-05 and she anticipates discharge from Hospice. Tenant #2 was interviewed by the monitor 11-4-05 and the tenant recounted the details of the previous day appropriately. During interview with one of the nurses, she stated she was confused over the appropriateness of some Hospice admissions.

- Regulatory Insufficiency: The program did not provide adequate care to the tenant previously granted a Hospice waiver.

- Regulatory Insufficiency: The program did not appropriately transfer a tenant who exceeded the parameters of care allowed in Assisted Living Programs.

C. Tenant Documents – Program maintains a complete file for each tenant containing all appropriate documentation. [321 IAC 25.27]

During the course of the investigation it was found the program does not maintain complete documentation on tenants' files.

- Monitoring Observation: Three out of eight tenant files have documents signed by alleged legal representatives; although no documentation was found in the files to support the tenants having assigned legal representatives.

- Regulatory Insufficiency: The program does not maintain a complete tenant file with required documents.

D. 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 determined the service plan did not reflect tenant need or appropriate service provision.

- Monitoring Observation: The service plan documentation for Tenant #1 states (under Dietary): Tenant #1 eats meals in room and will need daily nutritional encouragement and supervision. Tenant #1 is totally dependent for all nutrition and hydration needs. The monitor observed bites of ice cream were given to the tenant at least two times on 11-3-05. Three caregiving staff stated to the monitor that when two-hour checks were performed, neither water nor liquid supplement had been offered to the tenant on 11-3-05. Multiple staff stated food and water were not routinely provided to Tenant #1. No assignments were given to specific staff to provide care to Tenant #1, who is essentially nonverbal and unable to use the call light. The level in the water pitcher was not altered from 11:30am to 5:30pm; there was no glass or straw in place at the bedside. The monitor observed, staff offered water to the tenant at midnight. The service plan documentation under Safety states, "will need physical assistance" with evacuation and drills. "At …request may choose not to participate in fire and emergency drills." Tenant #1 has been bed-bound for at least one and a half years. The service plan documentation under Mentation states "requires frequent orientation to daily routines." Tenant #1 is essentially non-responsive and nonverbal. Staff reports that at times the tenant does make intelligible words. The tenant is medicated with Lorazepam 1mg./0.1ml Gel tid, as well as a Fentanyl patch 75 mcg/hour. The service plan documentation under Mobility states that the tenant needs "assistance from Bickford Cottage staff when transferring from bed to chair and visa-versa." The tenant is bed-bound. The service plan documentation under Medication states, "Frequent use of PRN medications." The tenant is essentially nonverbal. The monitor observed no sound or expression on the part of the tenant during the two days observed, except some slight guttural noises one time. The service plan documentation under Bowel Management states, "Assistance with protection." Tenant #1 is given a rectal suppository every three days at 4:00am.

  The service plan documentation for Tenant #2 (dated 8-31-05), states (under Dietary): "… will need assistance ambulating to the dining room in his wheelchair." The Hospice paperwork dated 10-20-05, states, "feet won't move when up." The service plan documentation under Safety Plan: states "will need supervision daily due to

mental confusion and/or mobility." The service plan documentation under Mobility states: "…requires a two-person transfer on an intermittent basis." Tenant #2 needs a Hoyer lift to transfer. The service plan documentation under Toileting states: "…will need toileting assistance at night." Tenant #2 is assisted with the urinal, tenant's incontinence products are changed with the assist of two staff and tenant has episodes of bowel incontinence intermittently.

The most current service plan for Tenant #4 (dated 10-14-05) states that the tenant receives daily supervision with toileting and staff provides assistance with protection. The tenant is on a two-hour check schedule for toileting and staff reports the tenant is frequently incontinent of urine. Under Dressing/Grooming there are no indicators or checkmarks to show services needed or provided.

The most current service plan for Tenant #5 (dated 9-7-05) states that the tenant receives two-hour checks throughout the day and night to verbally remind him/her to use the toilet. Staff interviews and monitor observation indicate staff changes the tenant's protective undergarment routinely during the night hours. Third shift staff indicates the tenant is incontinent of urine three out of four times on third shift. The monitors observed the tenant's room has a strong odor and a tenant that lives in the same hallway reports the hallway has an odor.

- Regulatory Insufficiency: The program did not develop service plans for each tenant based on accurate evaluations that reflect the specific service needs of the individual tenant.

E. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

- Monitoring Observation: During the course of the investigation three out of eight tenant files reviewed indicate conflict in resuscitation status. Hospice orders for Tenant #1 indicate full code status; the service plan dated 9-8-05 indicates Do Not Resuscitate (DNR). Tenant #2 and the physician signatures indicate full resuscitation status; Hospice orders for the same tenant indicate DNR. Tenant #3 had an unresponsive episode on 10-31-05 and was resuscitated by a staff member, despite a DNR order, which was signed by the tenant on 10-25-05. A nurse signed all current physician orders for these tenants, which indicates current resuscitation status.

- Regulatory Insufficiency: The nurse does not ensure that physician-directed and tenant-directed orders are consistent, current and enacted.

F. 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 did not meet tenant needs.

- Monitoring Observation: Cedar Valley Hospice ordered a Hoyer lift for Tenant #2. Direct care staff reports they had not used the lift due to lack of training; the original sling was not appropriate; however, the replacement has arrived. Two leadership staff state the Hoyer lift is being used for Tenant #2 with peer-to-peer training. The Administrator states the Hoyer is currently being used for Tenant #2.

  Six tenants are on a two-hour check schedule and one tenant is on a one-hour check schedule. A monitor observed, (on nightly rounds) that one tenant's task sheet was completed 24 hours in advance. Another tenant had a task sheet that was not fully completed. A monitor followed and interviewed four caregivers responsible for the two-hour checks for Tenant #1 at five two-hour intervals. Tenant #1 is bed-bound, completely dependent and receiving Hospice services. Two-hour checks, including repositioning and offering of food and fluids, were not routinely completed. A complaint of Dependent Adult Abuse (DAA) was filed by DIA-Adult Services Bureau on behalf of this tenant on 11-4-05.

  Multiple care giving staff reports no direct oversight being offered by the nurse. Obvious lack of training is evident in the areas of universal precautions, basic sanitation, appropriate repositioning, need for nutrition and hydration of dependent elders and dementia care.

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

- Regulatory Insufficiency: The program does not provide nursing services established by the Iowa Board of Nursing (IBON) in accordance with Iowa Code chapter 152 and 655 IAC chapter 6.

G. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

- Monitoring Observation: During the course of the investigation four staff interviews and one tenant interview state the call system malfunctions multiple times per week.

- Regulatory Insufficiency: The program does not have an appropriately functioning emergency response system that automatically identifies the tenant in distress and can be activated with one touch.

H. Assisted Living Definition – Program encourages family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. [Iowa Code section 231C.2]

- Monitoring Observation: During the course of the investigation, four out of eight tenant files reviewed indicate tenants have not signed their service plans by Iowa standards. A monitor observed rounds at midnight with two direct care staff members. Six tenants are on a two-hour check schedule and one tenant is on a one-hour check schedule. Staff entered the tenants' apartments, turned on the bright overhead lights and checked the tenants for incontinence. Two tenants verbalized

opposition to the checks and stated, “I’m cold” and “Leave me alone, you were just in here.” Staff proceeded with the incontinence checks despite resistance from the tenants. During the course of the investigation, the following information was obtained: Third shift staff reports Tenant #1 is given a suppository every three days between four to five o’clock in the morning. The tenant is bed-bound, dependent with all ADLs and essentially nonverbal.

- Regulatory Insufficiency: The program does not encourage tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence.

Dated this 7th day of December, 2005.