Iowa Department of Inspections and Appeals
Assisted Living Program
Recertification Monitoring Evaluation Report

Assisted Living Program:

Ms. Kathryn Keane, Administrator
Bickford Cottage I Assisted Living
4020 Indian Hills Drive
Sioux City, IA 51108

Date of Monitoring Visit:

April 19, 2006

Monitor(s):

Hal L. 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 25.8(3)]. 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 Recertification Monitoring Evaluation 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 this chapter 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 specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Bickford Cottage I Assisted Living on April 19, 2006. Additional information was requested, submitted and accepted on May 11, 2006. In preparing this report, the following information was considered:

Current Program Census: Not applicable.

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:	29
Current number of tenants with cognitive disorder:	2
Total Population:	31

Dementia Specific Program (DSP)* – Not applicable.

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

Tenant/Family Satisfaction Results – A community meeting was held on April 19, 2006 at 2:30 p.m. with 14 tenants in attendance. Tenants state the program is well maintained and the apartments are clean. Tenants state staff respect tenant privacy, are polite, respectful, and well trained. They state the food is good but they would like more fresh fruit. Tenants state the nurse is always helpful. Overall, tenants report they are satisfied with the program and would recommend it to family and friends.

Complaint History – There were substantiated complaints in the areas of Evaluation of Tenant and Service Plan during this certification period.

On-Site Monitoring Evaluation – The monitor(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: Three of eight tenant files reviewed indicate the program does not consistently complete appropriate functional (service level assessment), cognitive, and health evaluations as required.

Tenant #2, an 82 year old, was admitted on 2-18-06 with diagnoses of Hypertension (HTN), Type II Diabetes Mellitus and Seizure Disorder. Tenant #2 scored a 27 on the Mini-Mental Status Evaluation (MMSE) administered on 03-18-06. The functional (service level assessment) and health evaluations were completed on 3-17-06. All evaluations were completed within 30 days of occupancy. The service plan was developed on 3-17-06, which is within 30 days of taking occupancy; however, it was developed before the cognitive evaluation was completed.

Tenant #3, an 86 year old, was admitted on 3-9-04 with diagnoses of HTN, Anxiety and Cardiac Stent. The tenant scored a 30 on the MMSE administered on 04-09-05. According to progress notes dated 10-21-05, the tenant was hospitalized on 10-21-05 with severe constipation and returned to the program on 10-24-05. A service level assessment was completed on 10-27-05 and a health evaluation was completed on 10-24-05. A cognitive assessment post hospitalization was not completed.

Tenant #5, a 69 year old, was admitted on 08-18-05 with diagnoses of Dementia, Chronic Diarrhea, Depression and Gastro Esophageal Reflux Disease (GERD). The tenant was staged as a four on the GDS on 03-18-06. The tenant's service plan was updated on 3-7-06, due to a change in status. The program completed a cognitive and health evaluation on 3-18-06, eleven days after the completion of the tenant's service plan.

- Regulatory Insufficiency: The program does not consistently evaluate tenants' functional, cognitive, and health status prior to the development of the service plan.

- Regulatory Insufficiency: The program does not evaluate tenants' cognitive abilities 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: Tenant #1, a 78 year old, was admitted on 8-27-04 with diagnoses of Hypothyroidism and Dementia. According to the Entrance Form and GDS the tenant was staged at a four on the GDS on 3-27-06. A faxed note to the physician dated 3-2-06 stated the tenant had an increase in aggressive behaviors and many of the tenants are scared of the tenant. The Registered Nurse (RN) requested a scheduled medication for the behaviors. Progress notes and the faxed note to the physician indicate that Risperdal .25mg qd was started on 3-3-06. On 4-14-06 the RN faxed another note to the physician regarding the tenant's behaviors that stated the tenant threw a chair and was "very belligerent" with another tenant's family member. The note stated the tenant had an

increase in aggressive behaviors. The behaviors were described as "moderate qd et (sic) more severe behaviors q 2d." The RN requested a psychiatric evaluation.

Previously, on 2-8-06, the progress notes stated Tenant #1 became angry and started yelling at another tenant. According to progress notes dated 2-9-06, Tenant #1 became upset and began yelling and grabbed another tenant's arm. Progress notes dated 2-12-06 stated Tenant #1 became enraged, began yelling at staff, swearing and stomping feet. Progress notes on 2-22-06 state Tenant #1 yelled at another tenant and swore at staff and on 3-2-06 they state Tenant #1 was mean to another tenant and when staff approached, Tenant #1 became angrier. Progress notes on 3-10-06 state Tenant #1 eloped from the building, and a Wanderguard wristband was placed on the tenant's wrist. A progress note on 4-5-06 states Tenant #1 yelled and cursed at staff, and on 4-7-06 was agitated and started screaming and shoved a chair up against the table. According to Progress Notes on 04-10-06, Tenant #1 was wandering the hallways from 11 p.m. to 3 a.m. and became agitated when staff approached. According to progress notes dated 4-12-06, the tenant became upset when guests were moving chairs in the living room area. Tenant #1 yelled at the visitors and tried to forcefully move the furniture back and became very vocal and confrontational. Progress notes dated 4-16-06 state the tenant was approached five times by staff to change clothes and became agitated and started yelling.

Progress notes from 4-14-06 state an order was received to admit the tenant, the following week, to Mercy for a geriatric psychiatric evaluation. Progress notes dated 4-17-06 stated a Urinary Analysis (UA) was to be obtained at admission to Mercy. One staff interviewed on 4-9-06, stated that a few weeks ago Tenant #1 was seen hitting another tenant on the back with a closed fist. Tenant #1 then tried to enter another tenant's apartment and staff blocked the door. Tenant #1 grabbed the staff that was blocking the door. This incident was not documented in progress notes and the RN was unaware the tenant hit another tenant with a closed fist. Staff indicates the tenant's verbal outbursts occur once every shift. The tenant's physician's nurse reported during a telephone interview with a monitor on 5-8-06 Tenant #1 was last seen by the physician on 2-23-06. The tenant was admitted to the psychiatric unit on 4-25-06. A call was made by the DIA monitor to the treating physician at the psychiatric unit on 5-11-06, and the physician's nurse reported the tenant was discharged on 5-2-06 to a non-skilled nursing home with no new diagnoses. The nurse reports the tenant was started on Paxil and Depakote. During the 5-11-06 phone call with the monitor, the Administrator indicates the tenant was hospitalized from 4-26-06 to 5-1-06 and returned to the program on 5-1-06. Upon readmission to the program, the tenant began to receive program assistance with medications. Previously, family administered medications, and the Administrator indicates the medications were not consistently administered at the appropriate times. According to the Administrator, the tenant will be evaluated within 30 days and the program and family will discuss any behaviors that occurred and determine if continued placement is appropriate.

- Regulatory Insufficiency: The program does not exclude a tenant who is a danger to self or others.

C. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32].

Monitoring Observation: Four staff were interviewed on 4-09-06 and all report that they have not received an orientation on sanitation and safe food handling prior to handling food.

- Regulatory Insufficiency: The program does not provide the staff, who serve meals to tenants, with orientation on sanitation and appropriate food handling techniques prior to handling food.

Dated this 26th day of May 2006.