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

Assisted Living Program:

Ms. Patti Hayes, Administrator
Bickford Cottage
101 New Castle
Marshalltown, IA 50680

Date of Monitoring Visit:

March 15, 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 on March 15, 2006. 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:	43
Current number of tenants with cognitive disorder:	2
Total Population:	45

Dementia Specific Program (DSP)* – Not applicable

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

Tenant/Family Satisfaction Results – A community meeting was held with 31 tenants. Tenants stated the program was well kept and staff are attentive to their housekeeping duties. Tenants stated staff respects their privacy, knock before entering their home and take time to listen to their concerns. Tenants stated the leadership staff is available and pleasant. Tenants stated the food is good and there are choices of entrées, but at times the food can be bland, and they would like more fresh vegetables. Tenants stated staff welcomes family and visitors. Staff encourage family members to participate in activities or other events. Tenants stated they receive the services they expect and choose what services they want. Overall, tenants stated they are satisfied with the program and would recommend it to family and friends.

Complaint History – There were substantiated complaints in the areas of Service Plan, Evaluation of Tenant, Occupancy Agreement and Life Safety 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: Four of six tenant files reviewed indicate the program does not consistently complete an evaluation when a change occurred in the tenant's status.

Tenant #1, an 80 year old, admitted on 11-4-05, with diagnoses of Hypertension and Senile Dementia. The functional assessment required within 30 days of taking occupancy, was completed late on 12-21-05. A physician's note, dated 11-16-05, stated the tenant had a dramatic deterioration in functioning. It was noted on 1-24-06 the tenant experienced a 10-pound weight loss from 1-13-06 to 1-24-06. No new evaluations were completed due to change in condition.

Tenant #2, an 83 year old, admitted on 10-31-03, with diagnoses of Hypothyroid, Pruritic rash, Chronic Anxiety, Gastrointestinal (GI) bleed, Chronic Obstructive Pulmonary Disease, Psychotic diagnosis, Cognitive disorder, Dysthymia, Anxiety disorder and Personality disorder. According to nurse's notes dated 12-28-05, a change in services occurred when the tenant began receiving program assistance with medications. The nurse's note dated 12-28-05, addresses increased confusion with medication administration. No new evaluations were completed with a change in condition.

Tenant #4, a 92 year old, admitted on 8-1-05, with diagnoses of Coronary Artery Disease (CAD), and Congestive Heart Failure (CHF). The tenant was admitted to Hospice on 1-23-06 with a diagnosis of End Stage Congestive Heart Failure. The tenant was hospitalized on two separate occasions, 11-30-05 and 1-12-06, retuning on 12-5-05 and 1-17-06 respectively. Following the hospitalizations and admittance to Hospice, the program did not complete a cognitive evaluation.

Tenant #5, a 94 year old, admitted on 6-18-03, with diagnoses of Chronic Renal Insufficiency, Severe Spondylolisthesis L5-S1, and Osteoporosis. The tenant was hospitalized on two separate occasions, 1-26-06 and 2-28-06, returning on 2-10-06 and 3-6-06 respectively. Following the hospitalizations the program did not complete a cognitive evaluation.

- Regulatory Insufficiency: The program does not evaluate tenants' functional, cognitive and health status as needed with a change in condition.

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

Monitoring Observation: Four of six tenant files reviewed indicate the program does not complete an updated service plan to reflect the needs of the tenants when a change in status has occurred.

Tenant #1, an 80 year old, admitted on 11-4-05 with diagnoses of Hypertension and Senile Dementia, had an initial service plan dated 11-5-05 and a service plan within 30 days of taking occupancy dated 12-21-05. A physician's note, dated 11-16-05, stated the tenant had a dramatic deterioration in functioning. It was noted on 1-24-06 the tenant

experienced a 10-pound weight loss from 1-13-06 to 1-24-06. The service plan was not updated to reflect the change in services.

Tenant #2, an 83 year old, admitted on 10-31-03, with diagnoses of Hypothyroid, Pruritic rash, Chronic Anxiety, GI bleed, Chronic Obstructive Pulmonary Disease, Psychotic diagnosis, Cognitive disorder, Dysthymia, Anxiety disorder and Personality disorder. According to nurse's notes dated 12-28-05, a change in services occurred when the tenant began receiving program assistance with medications. The nurse's note dated 12-28-05 addresses increased confusion with medication administration. The service plan was not updated to reflect the change in condition and the change in services.

Tenant #4, a 92 year old, admitted on 8-1-05, with diagnoses of CAD and CHF. The tenant's initial service plan was completed on 8-1-05; however, the updated service plan was not completed until 9-29-05. The tenant was also hospitalized on 1-12-06 for exacerbation of CAD and CHF, returning to the program on 1-17-06. The program updated the service plan on 1-26-06 to reflect changes after hospitalization, but did not collaborate with the tenant or a multidisciplinary team, as the tenant and staff did not sign the updated service plan. The tenant was also admitted to Hospice on 1-23-06; however, the program did not include services offered by Hospice in the tenant's service plan.

Tenant #5, a 94 year old, admitted on 6-18-03, with diagnoses of Chronic Renal Insufficiency, Severe Spondylolisthesis L5-S1, and Osteoporosis. The tenant was hospitalized on 1-26-06 due to a Right Hip Fracture, retuning on 2-10-06. The tenant was hospitalized again on 2-28-06 due to abdominal pain and CHF. Following each hospitalization the program completed a functional and health evaluation of the tenant, noted a change in the tenant's status, but did not update the service plan to reflect the change in services needed by the tenant.

- Regulatory Insufficiency: The program does not have service plans that reflect the needs of the tenant.

Monitoring Observation: Two tenants, staged as a 4 on the GDS, and a new tenant who on admission, scored 19 on the Mini Mental Status Exam (MMSE), do not have service plans that address planned and spontaneous activities. The service plans stated the tenants require physical assistance, requires redirection and reminders to attend activities.

- Regulatory Insufficiency: The program does not provide service plans that include planned and spontaneous activities for those with dementing illness.

C. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: One of four staff files reviewed indicate the program did not obtain criminal and dependent adult abuse records until after staff was hired. Staff member #1 was hired on 9-1-05, and criminal background and dependent adult abuse records check was completed on 9-2-05.

- Regulatory Insufficiency: The program does not consistently complete background checks for all employees prior to employment.

D. 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: Tenant #5, a 94 year old, admitted on 6-18-03, with diagnoses of Chronic Renal Insufficiency, Severe Spondylolisthesis L5-S1, and Osteoporosis. The tenant scored 26 on the MMSE on 10-4-05. On 2-28-06 at 1:00 a.m. staff checked on the health status of the tenant and asked the tenant if they were okay. Staff asked the tenant if a pain pill was needed with the tenant refusing. At 4:30 a.m. staff again checked the tenant and found the tenant "moving side to side" making "moaning sounds." Staff again asked the tenant if he/she wanted a pain pill. The tenant did not answer. Staff again asked if the tenant wanted a pain pill, and again the tenant refused. The staff person notified the registered nurse (RN) and family. Family requested the tenant to take the pain pill "even if it meant being forced." At 5:20 a.m. "Vicodin administered forcefully upon family request." At 5:30 a.m. family arrived and nurse's notes record the "pain med a (Vicodin) was not affective."

During the community meeting a tenant stated to the monitor staff had entered into his/her room without permission. According to the tenant his/her door was locked, staff didn't knock, used a key to open the door, and entered the apartment without permission. The tenant stated he/she had company and staff wanted to know what was going on in his/her room. The tenant stated the incident occurred on 3-14-06 in the evening.

During staff interviews, two staff reported night checks were completed but were intrusive and not conducted in a manner supporting privacy. Staff reported tenants were awakened from sleep to check for incontinence. Staff reported night staff turned on lights and physically checked tenant's undergarments.

- Regulatory Insufficiency: The program violated tenant autonomy and discouraged tenant self-direction in decision-making.

E. Records Access – Program provides access to all records and areas of the program deemed necessary to determine compliance. Iowa Case section 231C.3(5)

Monitoring Observation: During the on-site the monitors requested employment records from the program administrator. The administrator asked the monitors what documentation in the employee files was needed. The monitors requested employee files to review training records and background checks for criminal background and dependent adult abuse. The administrator would not release employee files but did provide would specific documentation requested. The monitors were not given open access to employee files.

- Regulatory Insufficiency: The program did not provide access to all records as required by regulation.

Dated this 28th day of March 2006