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

Assisted Living Program:

Complaint Intake #: 13204
13209

Matt Mullins, Director
Bickford Cottage Assisted Living
5101 University Avenue
Cedar Falls, IA 50613

Date of Investigation:

October 12 & 13, 2006

Monitor(s):

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 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 Assisted Living on October 12 & 13, 2006. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

Dementia Specific Program (DSP)* **–** A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	9
Current number of tenants without cognitive disorder:	30
Total Population:	39

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

Accreditation Status – Not applicable**.**

Complaint History – There were substantiated complaints regarding Evaluation of Tenant, Criteria for Exclusion of Tenants, Service Plan, Tenant Documents, Nurse Review, Life Safety, Assisted Living Definition, Managed Risk, Activities and Staffing during this certification period.

The second and third revisit of Complaint #12726 on May 4 and August 8 & 9, 2006, resulted in fines of $500.00 for each revisit being levied against the program. The fourth revisit on Complaint #12726 and the second revisit regarding Complaints #13010 and 13018 on September 28, 2006, resulted in a fine of $1,000.00 being levied against the program. This is the first visit regarding new Complaints #13204 and 13209. A Conditional Certificate is being issued as of November 2, 2006.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Complaint Allegation # 13209: It was alleged the nurse disregards physician's orders and inappropriately discontinues medications.

- Monitoring Observation: Three tenant files were reviewed in regards to physician orders and medications. Physician orders were noted and medications were discontinued appropriately. Tenant #1 had extensive medication changes and adjustments. Medical orders related to the tenant's psychiatric condition were examined and compared to Medication Administration Record (MAR) from 7-14-06 to 10-8-06 revealing no errors by program nurse in medical order transcription. Numerous questions were faxed to the doctor's office by the program nurse seeking clarification of discontinuation and titration of medications.

- Regulatory Insufficiency: None noted.

Complaint Allegation # 13209: It was alleged staff initialed on the MAR a tenant's medications had been given, prior to administration of the tenant's medications.

- Monitoring Observation: Review of Tenant #1's file indicates on 10-6-06, medications were initialed at the appropriate times; however, it is not possible to determine if the MAR was signed off prior to medication administration. The Medication/MAR audit forms dated 10-6-06 and 10-13-06 indicate no medications were left in bubble packs.

- Regulatory Insufficiency: None noted.

During the course of the investigation, it was determined the program does not follow an acceptable medication protocol.

- Monitoring Observation: Review of the weekly Medication/MAR Audit forms indicates the program had medication errors on 9-29-06 and 10-6-06 (see table below). Due to medication errors, counseling of certified medication assistants (CMA) was performed by the registered nurse (RN). On 10-12-06 the regional nurse began shadowing CMAs during medication administration and a formal documentation practice was initiated. According to an interview with the regional nurse, a CMA missed giving one medication on second shift on 10-12-06. She was prohibited from further medication administration until the CMA satisfactorily administered medications with regional nurse oversight. The regional nurse states all CMAs will be observed one to one for error free practice before they are permitted to administer medications again. The regional nurse also states she will remain on-site Monday through Friday until practice stabilizes in this building.

MEDICATION/MAR AUDIT FORM	MEDICATIONS/TREATMENTS NOT GIVEN AS ORDERED	MEDICATIONS/TREATMENTS NOT DOCUMENTED
9-29-06	**Tenant # 1** Tramadol **Tenant #6** Aspirin, Isosorbide, Lexapro, Risperdal, and Iron **Tenant # 7** Calcium, Namenda and Zoloft	0
10-6-06	**Tenant #8** Fish oil	0

- Regulatory Insufficiency: The program does not follow acceptable medication protocol.

B. 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# 13204 & 13209: It was alleged direct care staff do not apprise the nurse when needed.

- Monitoring Observation: According to progress notes dated 6-15-06, Tenant #4 was found by staff laying half on the bed and half on the floor at 11:40 p.m. Staff #2 put pillows and blankets on the floor and the tenant laid on those and fell asleep, according to a communication log. Notification of the RN regarding the incident was not documented in progress notes. The incident reports for June 2006 were unavailable at the time of complaint investigation. According to progress notes dated 10-12-06, Tenant #4 was found lying on the floor and was complaining of hip pain. Staff #2 called the current RN. According to progress notes dated 10-13-06, at 9:15 a.m., the current RN completed a follow-up post fall assessment.

  According to a staff counseling form signed 7-14-06 and 7-17-06, Tenant #3 fell and had a small head laceration. Staff #2 called 911 and requested they come to the program and evaluate the tenant post fall. Staff #2 then called the former RN to notify her of the tenant's fall and condition. The RN instructed Staff #2 to call the RN before calling 911, unless a full code was in effect and suspected cardio-pulmonary function had stopped. According to the counseling form when the RN arrived one and a half days later, she discovered in the progress notes Staff #2 had called the tenant's family after contacting the RN. Staff #2 and family agreed it was necessary to send the tenant to the hospital for further evaluation. Staff #2 called 911 again and did not inform the RN of these subsequent events. The RN counseled Staff #2 and instructed staff to contact the RN with all concerns first. Staff #2 was also instructed that the RN would notify family unless otherwise instructed. The RN was given the choice to sign a termination letter or resign in late July, according to the regional nurse.

  According to an incident report dated 10-8-06, Tenant #2 was found on the floor outside of the tenant's bathroom calling for help on 10-8-06. Progress notes dated

10-8-06 state the tenant had a 3 centimeter (cm) skin tear of the left elbow and voiced no complaints of pain. Staff #1 checked vitals and range of motion (ROM). Tegaderm was applied to the skin tear, the tenant's grips were equal bilaterally and the tenant was checked three times at 15 minute intervals. The tenant was found on the floor at 9:45 p.m., the RN was notified at 9:55 p.m. and family was called at 10:00 p.m. According to progress notes dated 10-9-06 at 12:47 p.m., staff reported to Staff #4, a CMA, the tenant was having trouble breathing. Staff #4 went to the tenant's room and staff asked if the tenant was having problems breathing. The tenant responded no and Staff #4 took the tenant's blood pressure, which was 96/68. According to progress notes Staff #4 noticed the tenant was breathing a little heavy and she asked the tenant to "breathe normal;" tenant wanted to know what all the fuss was about. Staff #4 sat with the tenant until breathing slowed down, tenant started to eat lunch and staff left tenant's apartment. According to progress notes dated 10-9-06, at 4:30 p.m., the RN was requested by staff to go to the tenant's apartment. The RN found the tenant lying in bed on the left side with no breathing or pulse and the tenant's skin was cool. At 4:45 p.m. paramedics arrived and pronounced the tenant deceased.

- Regulatory Insufficiency: The program's staff cannot assess tenants' medical condition and do not consistently apprise the nurse as needed with a change in tenants' condition.

During the course of the investigation it was determined staff were not sufficiently trained regarding medication administration.

- Monitoring Observation: The program has errors related to medication administration as evidenced under Section A. Medications. In addition, the program received a regulatory insufficiency regarding inappropriate medication administration protocol related to the complaint and revisit conducted on 9-28-06. According to an interview with the RN and staff, the RN provided counseling with staff after medication errors occurred. The counseling consisted of the RN discussing medication issues in the office. According to the RN and staff, RN shadowing was not part of the counseling process. A handwritten document (no date available) describes training for a new CMA at the program. The document states Staff #3, a CMA, shadows another CMA for one day and then assists the CMA for one day. According to the document, Staff #3 then administered medications with another CMA observing. After being observed by another CMA, Staff #3 administered medications independently. The shadowing of medication administration was completed by another CMA and not by the RN. The program documented medications and treatments were delegated; however, routine shadowing by the RN was not part of the delegation process until 10-12-06.
- Regulatory Insufficiency: The program does not sufficiently train staff regarding medication administration.

During the course of the investigation, it was determined the program does not appropriately maintain training and staffing documents.

- Monitoring Observation: According to an interview with the RN, a mandatory meeting with the program's CMA regarding medication administration was held on 10-9-06. According to an interview with the RN, she wanted a fresh start/blank slate

for all the CMAs regarding medication errors. The RN had packets including: copies of the tenants' MARs, which showed the errors that occurred, staffs' disciplinary actions regarding medications and pictures of the bubble packs. Staff were given their previous disciplinary actions regarding medications and were told they could take and destroy the documents. The RN told staff she would also destroy the documents at the program if they did not want to take the documents. A corporate policy (#203) states personnel files shall be kept current, confidential and secured in a locked office in a file cabinet, including disciplinary actions. The notes from the mandatory medication meeting stated, on 10-9-06, the disciplinary actions related to medications were destroyed. The records could be kept, read or thrown away; however, the original MARs were intact in tenant files. The program received a regulatory insufficiency related to inappropriate medication protocol from the complaint and revisit conducted on 9-28-06. On 10-13-06, the second day of the complaint investigation, the program's office was forcefully broken into; the door jam was separated from the wall during the night. Staff files are kept in the office and the monitors had not yet reviewed the staff files at the time of the break-in. A third shift staff person reported she did not see or hear anything during the previous night. The police were called to the scene by leadership staff. There was no conclusion regarding the break-in at the time of the complaint investigation and the regional nurse reports nothing was missing.

- Regulatory Insufficiency: The program does not adequately staff to meet the tenants' needs.

- Regulatory Insufficiency: The program does not appropriately maintain program records.

Complaint Allegation #13209: It was alleged the program does not have a functioning personal emergency response system and an emergency occurred when the system malfunctioned.

- Monitoring Observation: According to the Director and Community Relations Director, a new phone system was installed and implemented on 10-11-06. The new system has three cell stations or boosters located around the building. The cell stations or boosters are to ensure there are no dead spots or areas in the building where the phone system does not function appropriately. The monitors conducted system checks in each wing of the building. In each wing of the building the personal emergency response was activated, it was displayed on staff persons' phones and staff responded in less than one minute. According to staff interviews the previous phone system did not work appropriately and there were dead spots in the building. Staff #1 reports the system malfunctions occurred one to two times per week. According to an interview with Staff #1, on 10-8-06, a family member notified Staff #1 that Tenant #2 was calling for assistance. Staff #1 found the tenant on the floor outside of the bathroom. According to Staff #1, the tenant had a skin tear on the left elbow and had minor bleeding. Staff #1 attempted and was unable to successfully lift the tenant off the floor. Staff #1 activated the tenant's personal emergency response system and the other staff did not respond. According to Staff #1, there was only one other staff person available because the third staff person had left earlier in the shift. According to Staff #1, the tenant was exerting himself/herself and wanted to get up off the floor.

Staff #1 and a tenant's family member assisted the tenant off of the floor onto the tenant's bed.

- Regulatory Insufficiency: The program did not have a consistently functioning personal emergency response system in place that allows the program to respond to the emergency needs of tenants.

Dated this 2nd day of November, 2006.