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

Assisted Living Program: **Complaint Intake #: 12726**

Mike Isaccson, Administrator
Bickford Cottage Assisted Living
5101 University Avenue
Cedar Falls, IA 50613

Date of Investigation:

February 20, 2006

Monitor(s):

Hal Chase, RN BSN MPH
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 February 20, 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):	13
Current number of tenants without cognitive disorder:	24
Total Population:	37

***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 the following information was obtained.

- Monitoring Observation: Tenant #2, a 69 year old, admitted on 11-30-03 with multiple diagnoses of Supra Nuclear Palsy, status post head injury with evacuation of subdural hematoma, Osteoarthritis, and Dysathria. Changes were made to the service plan on 2-17-06 and 1-4-06. The most current functional assessment was completed on 11-22-05. Program records indicate the tenant is unable to verbally answer questions.

  Tenant #3, a 70 year old, admitted on 5-27-05 with diagnoses of Congestive Heart Failure, Mental Status changes, Depression, Muscle Spasms, Cerebral Vascular Accident with right sided paralysis, Hypertension, and Hypercholesterolemia. According to nurse's notes beginning 1-8-06 and administrative staff interviews, the tenant frequently moves belongings in the hallway and states a desire to move out. There were no cognitive or functional evaluations completed following this change in status. The current nursing assessment and nurse's notes indicate the tenant is frequently incontinent of urine and at times urinates on bedding and Chux. The most current cognitive assessment was completed 11-21-05, functional assessment and service plan were completed on 11-23-05 and health assessment completed on 2-15-06.

- Regulatory Insufficiency: The program does not consistently evaluate tenants' functional and 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]

Complaint Allegation: It was alleged the program retained tenants beyond the appropriate level of care.

- Monitoring Observation:

  Tenant #1, an 88 year old, admitted on 9-6-04 with diagnoses of Dementia, Anxiety, and Macular Degeneration. The tenant's latest Global Deterioration Scale (GDS) was completed on 1-17-06 indicating the tenant is stage five +. Nursing assessment dated 1-17-06 indicates the tenant is unable to bear weight during transfer. An assessment of lower range of motion was completed on 1-17-06; the nurse indicates the tenant displays "continued need for 2-person ... assist with transfers in spite of PT ... and home exercise regime as recommended by PT ..., contractures of knees limit res ... ability to bear own weight during transfers." Three direct care staff report the tenant is routinely requiring two staff to transfer. Nurses notes beginning 1-12-06 through 2-15-06 show five entries where the tenant require two people to transfer. On 1-12-06 nurse's notes state "two CNA's during transfer from bed ... chair ... toilet." "Observed res ... inability to extend legs (straighten knees) et to assist ... weight bear throughout transfer process to toilet." On 1-19-06 nurse's notes indicate a staff

person contacted the tenant's son "related to res ... decline and need for 2 person transfer inf ... that therapy exercises are being attempted without success," and recording the son's question regarding about "why is … cannot ... bear weight anymore." On 2-6-06 nurse's notes indicated "resident could not help stand … for 2 CNA's." On 2-13-06 nurse's notes indicated "observed 2 aides during tsfer ... to toilet." On 2-15-06 nurse's notes indicate "resident is stiff; does not cooperate with exercises, et ... that … states you're hurting me when you do this, caregivers states resident also refused positioning in wheel chair."

Tenant #2, a 69 year old, admitted on 11-30-03 with diagnoses of Supra Nuclear Palsy, status post head injury with evacuation of subdural hematoma, Osteoarthritis, and Dysathria. The tenant has been involved in a Hospice program for 13 months. Three direct care staff indicated the tenant routinely requires two people to transfer. A nursing assessment dated 2-17-06 states the tenant requires total assist for cares, does not ambulate and does not bear weight during the transfer process.

- Regulatory Insufficiency: The program does not exclude tenants who exceed the appropriate level of care.

C. 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 the following information was obtained.

Monitoring Observation: Tenant #2, a 69 year old, admitted on 11-30-03 with diagnoses of Supra Nuclear Palsy, status post head injury with evacuation of subdural hematoma, Osteoarthritis, and Dysathria. Three direct care staff indicated the tenant routinely requires two people to transfer. A nursing assessment dated 2-17-06 states the tenant requires total assist for cares, does not ambulate and does not bear weight during the transfer process. The most current service plan dated 11-22-05 states the tenant is a two-person transfer intermittently.

The tenant's relative was interviewed and stated the private caregiver leaves a container of water close to the tenant for program staff to give the tenant water when the private caregiver is not present. When the private caregiver returns the container hasn't been moved and the amount of water remains the same. The relative stated she has noticed the tenant's lips and tongue being dry and cracked. The relative stated staff did not respond to the tenant's call made the previous night. The tenant's service plan does not include interventions for hydrating the tenant when private caregivers are not present. On the service plan under nutrition the plan states the tenant requires extra snacks/supplements. Under dining services/dietary the service plan states the tenant requires nutritional encouragement and supervision daily. The service plan does not address the private caregiver the tenant's relative discussed in the interview.

Tenant #3, a 70 year old, admitted on 5-27-05 with diagnoses of Congestive Heart Failure, Mental Status changes, Depression, Muscle Spasms, Cerebral Vascular Accident with right sided paralysis, Hypertension, and Hypercholesterolemia. According to nurse's notes and administrative staff interviews the tenant frequently moves belongings in the hallway and states a desire to move out. The current nursing assessment and nurses' notes indicate the tenant is incontinent of urine frequently and

at times urinates on bedding and chux. The service plan dated 11-23-05 under toileting states staff provides two hour checks 24 hours a day. Under behavior the service plan states staff will provide verbal reminders when behavior is inappropriate.

- Regulatory Insufficiency: The program does not update service plans as needed with a change in condition.

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

D. 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. [321 IAC 25.29(1) and/or (2)]

Complaint Allegation: It was alleged the program leaves tenants' medications unattended.

- Monitoring Observation: The monitor observed staff administering medications during routine medication pass. Staff followed acceptable medication protocol and medications were not left unattended. All staff passing medications are certified medication aides.

- Regulatory Insufficiency: None noted.

E. Activities – The program provides appropriate programming for tenants based on individual interests. Programming shall support the service plans, be consistent with the program statement and occupancy policies, and available in writing as required. [321 IAC 25.39]

During the course of the investigation the following information was obtained.

- Monitoring Observation: The program is a dementia specific program. Tenant #3, scored as a 4 on the GDS on 11-21-05 and frequently moves belongings in the hallway in the afternoon and a desire to move out. The service plan states the tenant chooses not to attend the majority of activities and staff will provide reminders of activities. The service plan does not address specific or spontaneous activities.

  Tenant #1 was scored as a five on the GDS on 1-17-06. Tenant #4 scored as a 6 on the GDS on 11-16-05. Tenant #5 scored as a five on the GDS on 11-21-05. Tenant #6 scored as a 5 on the GDS on 12-8-05. Each of the tenants' service plans for activities state the program will provide reminders of activity times and will provide physical assistance to activities if desired. The service plans do not address specific or spontaneous activities.

- Regulatory Insufficiency: The program does not meet the needs of tenants with dementing illness for planned and spontaneous activities based on the tenants' abilities and personal interests.

F. 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]

During the course of the investigation the following information was obtained.

- Monitoring Observation: Tenant files for Tenants #1, #2, and #3 indicate a document was sent to the tenants' physicians requesting, the physician's signature to activate a Durable Power of Attorney (DPOA). The document states that the physician's signature indicates a tenant/patient is no longer able to sign documents regarding his/her care. The document further states the DPOA is now in effect and the signature of the DPOA may take the place of the tenant's/patient's signature on all medical documents.

  Tenant #1, an 88 year old, admitted on 9-6-04 with diagnoses of Dementia, Macular Degeneration, Anxiety Disorder, and a history of a Right Hip pinning. The program requested the tenant's physician to enact the DPOA on 11-29-05 when the tenant had previously scored a four on the GDS on 11-15-05. The tenant last scored a five on the GDS on 1-17-06.

  Tenant #2, a 69 year old, admitted on 11-30-03 with diagnoses of Supra Nuclear Palsy, status post head injury with evacuation of subdural hematoma, Osteoarthritis, and Dysathria. The tenant is physically unable to sign documents due to progression of Supra Nuclear Palsy; however, the tenant communicates with squeezing of hands and staff indicates the tenant is alert and oriented. The document which activates the DPOA for the tenant was signed by the physician on 12-8-05.

  Tenant #3, a 70 year old, admitted on 5-27-05 with diagnoses of Congestive Heart Failure, Mental Status changes, Depression, Muscle Spasms, Cerebral Vascular Accident with right sided paralysis, Hypertension, and Hypercholesterolemia. The tenant was scored as a four on the GDS on 11-21-05. The tenant signed a Managed Risk Agreement on 2-15-06 and signed the most current service plan dated 11-23-05. The document which activates the DPOA for the tenant was signed by the physician on 1-17-06.

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

Dated this 14th day of March, 2006