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

Assisted Living Program:

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

Complaint Intake #: #12726R5
#13018R2
#13010R2
#13111R
#13204R
#13209R

Date of Investigation:

December 11 & 12, 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 December 11 & 12, 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):	7
Current number of tenants without cognitive disorder:	26
Total Population:	33

***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, Medications, Nurse Review, Staffing, Life Safety, Assisted Living Definition, Activities and Transportation during this certification period.

The complaint history during this certification period includes complaint investigations of: August 9, 2005, August 22-23, 2005, October 12, 2005, November 3-4, 2005, January 9, 2006, February 20, 2006, and April 4, 2006. Revisits were initiated on April 4, 2006 of Complaint #12726 and those revisits continue to date on unresolved rule violations.

The second and third revisits 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, and the visit regarding Complaints #13204 and 13209 on October 12-13, 2006 resulted in a fine of $2,500.00. A Conditional Certificate was issued as of November 2, 2006. The visit regarding Complaints #13217, 13243 and 13277 on November 13 & 14, 2006 resulted in a fine of $5,000.00. This is the fifth revisit of Complaint #12726, second revisit regarding Complaints #13010 and 13018 and the first revisit regarding Complaints #13111, 13204 and 13209.

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)]

Complaint Allegation #12726R5, 13010R2 & 13018R2: The program received repeated regulatory insufficiencies related to inconsistently evaluating tenants' cognition, function and health status as needed with a change in condition.

- Monitoring Observation: Five tenant files were reviewed. Five of five tenant files had cognitive, health and functional evaluations completed as needed with a change in condition. The files reviewed included: a tenant who was on Hospice, a tenant who was recently hospitalized and three tenants with cognitive impairment.

- Regulatory Insufficiency: None noted.

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 #12726R5: It was alleged the program did not exclude tenants that exceeded the appropriate level of care.

- Monitoring Observation: Three direct staff were interviewed and did not identify any tenants who exceeded level of care. Five of five tenant files reviewed indicated tenants did not exceed the appropriate level of care.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation #12726R5, #13010R2, #13018R2: The program received repeated regulatory insufficiencies related to inconsistently updating service plans as needed with a change in tenant's condition and for not obtaining service plans signed by a health professional, two staff and the tenant or the tenant's legal representative. The program also received a regulatory insufficiency for service plans not identifying planned and spontaneous activities for those unable to plan their own activities including those with dementia.

- Monitoring Observation: Five tenant files were reviewed. Five of five tenant files had service plans updated as needed with a change in tenants' condition. Five of five tenant files had service plans signed by a health professional, two staff and the tenant or at the tenants' request the tenants' legal representative. The files reviewed included: a tenant who was on Hospice, a tenant who was recently hospitalized and three tenants with cognitive impairment. Three of five tenants were staged at five and above on the Global Deterioration Scale (GDS). Three of three tenant files had planned and spontaneous activities on the tenants' service plans.

- Regulatory Insufficiency: None noted.

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. [231C.16A]

During the course of the investigation that occurred on 10-12-06 and 10-13-06, the program received a regulatory insufficiency related to inconsistently following an acceptable medication protocol.

Complaint Allegation #13111R2 : The program received a regulatory insufficiency related to inconsistently following an acceptable medication protocol.

- Monitoring Observation: Observation of one medication pass at noon on 12-11-06 and review of weekly Medication Administration Record (MAR) audit sheets indicated appropriate medication administration practice. Observation of a second medication pass on 12-11-06 at 4:00 p.m. indicated minor deviations from acceptable practice related to staff training. The MAR audit sheets were reviewed from 11-2-06 to 12-7-06 and revealed no medication errors had occurred. During the medication passes the MARs were reviewed and no omissions were found.

- Regulatory Insufficiency: None noted.

E. 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#13204R: The program received a regulatory insufficiency related to not apprising the nurse as needed with a change in tenants' condition.

- Monitoring Observation: The nurse reported she is called approximately one time per day and reported she calls into the program. Three tenant files indicated direct care staff apprised the nurse as needed.

  According to a staff interview, Tenant #1 complained of dizziness and staff notified the nurse. According to progress notes dated 12-12-06 at 8:15 a.m., the tenant was in the dining room falling asleep at the table, was unsteady on his/her feet and complained of dizziness. At 10:00 a.m. the nurse reported the tenant complained of extreme dizziness and the MAR and a note were faxed to the physician. According to progress notes, the tenant needed a light lunch and to be rechecked at 12:30 p.m.

  According to progress notes dated 11-22-06, Tenant #2 was found at 1:45 a.m. lying on the floor and bleeding profusely. According to the progress notes, staff applied pressure, called 911 and the nurse. According to the progress notes, vitals were not taken due to the emergency and staff notified the tenant's physician and family per the nurse's request.

  According to progress notes dated 11-13-06 at 10:45 p.m., Tenant #3 was found on the floor and reported falling out of bed. Staff took vitals and notified the nurse.

According to progress notes, the nurse initiated neurological checks. The nurse saw the tenant on 11-14-06 at 8:00 a.m.

The nurse documented delegation to direct care staff regarding when to call the nurse. The nurse delegation document included various situations and indicated when to call the nurse. It also stated the medication aide observes, reports to the nurse and the nurse does all of the assessment, direction, monitoring and decision-making regarding tenants' condition.

- Regulatory Insufficiency: None noted.

During the course of the investigation on 10-12-06 and 10-13-06, the program received a regulatory insufficiency related to not appropriately maintaining training and staffing documents.

Monitoring Observation: According to the Director and the Divisional Director of Marketing, program records related to employee discipline are not currently being destroyed. Two counseling forms were found in the last month including: one counseling form for medications in regards to a safety/ incident report and one counseling form for signing a periodic checklist when the task was not completed. The program shreds routine task sheets; however, administrative staff indicates they are documenting by exception if an omission or error occurred.

- Regulatory Insufficiency: None noted.

Complaint Allegation #13209R: The program received a regulatory insufficiency related to not having a functioning personal emergency response system.

- Monitoring Observation: The Director indicated in an interview the majority of staff had training on telephone proficiency. Staff that did not have the training included: maintenance, activity, housekeeping, dietary and PRN staff. According to the Director, these staff did not have training because they do not answer the phones routinely. Training regarding telephone proficiency was documented for 22 staff. The telephone proficiency review included: training on turning on and off the phone, putting the phone on/off key lock, answering apartment call, answering a telephone call, answering an outside door call, transferring a call, calling an apartment, calling an extension, calling another portable and disconnecting/hanging up the phone. The Director performed six checks on the phone system on 11-14-06, 11-15-06, 11-16-06, 11-17-06, 11-25-06, and 11-28-06. The Director ensured the phone system was working appropriately involving both multiple staff and tenants at each check. According to staff interviews, staff report the phone system is functioning appropriately.

- Regulatory Insufficiency: None noted.

During the course of the investigation on 10-12-06 and 10-13-06, the program received a regulatory insufficiency related to insufficient staff training on medication administration.

- Monitoring Observation: Observation of one medication pass at noon on 12-11-06 and review of weekly MAR audit sheets indicated appropriate medication administration practice. Observation of a second medication pass on 12-11-06 at 4:00 p.m. indicated minor deviations from acceptable practice related to staff training. Issues observed during the 4:00 p.m. medication pass on 12-11-06, included: lack of appropriate hand washing between tenants and before the instillation of eye drops, medications initialed before they were consumed and lack of privacy provided to a tenant who had a finger prick performed in the hallway (despite her protestation). This CMA had been shadowed and approved for medication practice by a program nurse. The MAR audit sheets were reviewed from 11-2-06 to 12-7-06 and revealed no medication errors had occurred. During the medication passes the MARs were reviewed and no omissions were found. The nurse documented nurse delegated training for direct care staff.

- Regulatory Insufficiency: The program does not consistently sufficiently train staff regarding medication administration.

During the course of the investigation that occurred on 9-28-06, the program received a regulatory insufficiency for not having consistently trained staff to fully meet the tenants' identified needs.

- Monitoring Observation: The nurse documented nurse delegated training on medication administration and treatments for certified direct care staff. Staff interviews indicate the delegation process was a discussion and shadowing was not a part of the delegation process, including delegation training on catheter care. Staff interviews indicate they have not been routinely shown treatments or cares by the nurse. According to three direct care staff, the delegation from the nurse was only verbal. One staff reported she follows direct care staff who teach treatments and then direct care staff follow her completing the treatments. This staff indicated she had concerns about another direct care staff teaching her instead of the nurse. Another staff reports training occurred in the activity room, with yes and no questions, and then staff would sign that training was completed. The nurse reported she only shadowed one staff for treatment on a tenant's recent hip incision.

  Tenants' service plans had planned and spontaneous activities documented on service plans, including those with dementing illness. Staff interviews indicated staff were not aware of specific service plans activities or social interventions for tenants, including those with dementing illness. The activity director reports all tenants are able to come out of their apartment to attend activities if they choose. The program has seven tenants staged at a four and above on the GDS.

- Regulatory Insufficiency: The program does not consistently have appropriately trained staff to fully meet the tenants' identified needs.

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

During the course of the investigation that occurred on 8-8-06 and 8-9-06, the program received a regulatory insufficiency related to records checks for not consistently conducting criminal background and dependent adult abuse checks prior to employment.

- Monitoring Observation: Six employee files were reviewed. The employees had hire dates ranging from 8-23-06 through 11-29-06. Six of six employee files had criminal background checks and dependent adult abuse checks completed prior to employment.

- Regulatory Insufficiency: None noted.

Dated this 27th day of December, 2006.