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

Assisted Living Program: **Complaint Intake #:** 13363

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

Date of Investigation:

January 17, 2007

Monitor(s):

Stephanie Cummins, SW MA
Connie Schaffer

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 January 17, 2007. 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 Medications, Evaluation of Tenant, Criteria for Exclusion of Tenants, Service Plan, Tenant Documents, Nurse Review, Life Safety, Assisted Living Definition, Activities and Staffing 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 $2500.00. A Conditional Certificate was issued as of November 2, 2006. A visit regarding Complaints #13217, 13243 and 13277 on November 13 and 14, 2006 resulted in a fine of $5000.00. The fifth revisit of Complaint #12765, second revisit of Complaints #13010 and 13018 and the first revisit of Complaints #13111, 13204 and 13209 on December 13 and 14, 2006. This is the first visit regarding a new Complaint #13363.

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: It was alleged Staff #1, a Certified Medication Aide (CMA), has frequent medication and treatment errors. It was alleged Staff #1, does not consistently sign off treatments, and did not sign off treatments on 11-10-06.

- Monitoring Observation: All disciplinary employee records related to medication/treatment errors, since 10-9-06 were reviewed. According to these records, Staff #1 did not have any disciplinary records related to medication and/or treatment errors. Staff #2, #3 and #4 had documented disciplinary records related to medication and/or treatment errors. The Medication /Medication Administration Record (MAR) Audit sheets from 11-2-06 to 1-15-07 were reviewed. According to the Medication/MAR Audit sheets, Staff #1 did not have a medication and or treatment error. An interview with Staff #1 indicates she has not had a medication error since the 10-9-06 meeting.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged complaints to the nurse regarding medication/treatment errors are not resolved.

- Monitoring Observation: According to an interview with the nurse, she follows up on all concerns regarding medication and treatment errors. One of two CMA's interviewed indicates the nurse follows up on concerns regarding medication and treatment errors. At least weekly, the nurse completes an audit of the medications and treatments. The results of these audits are recorded on the Medication/MAR audit sheets.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged on 12-17-06, Staff #1, did not administer two doses of Namenda for Tenant #1.

- Monitoring Observation: According to a review of Tenant #1's MAR for December 2006, Namenda was ordered 10 mg every am and 5 mg every pm for the week of 12-14-06 to 12-20-06. According to the MAR, on 12-17-06 both doses of Namenda were initialed. A review of the Medication/MAR Audit sheet for the week of 12-17-06 indicates there were no medication errors regarding Tenant #1. A review of the Medication/MAR Audit sheet for the week of 12-17-06 indicates Staff #1 did not have a documented medication error.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged on 11-19-06, Staff #1, did not complete a foot treatment for Tenant #2.

- Monitoring Observation: According to a review of Tenant #2's Physician Order Sheets (POS) Prism Matrix applied to open area on right heel every other day was ordered on 11-8-06. According to the tenant's MAR for November 2006 the treatment was initialed on 11-18-06, was not ordered on 11-19-06 and was completed on 11-20-06, as ordered. According to the MAR the foot treatment was ordered every other day and was not due to be completed on 11-19-06.

- Regulatory Insufficiency: None noted.

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

- Monitoring Observation: Review of Medication/MAR audit sheets were reviewed dated from 11-2-06 to 1-15-07. According to the Medication/MAR audit sheets and an incident report, medication errors occurred during the weeks of 12-14-06, 12-21-06 and 12-29-06. Staff #2 was responsible for 10 of 13 medication errors and an Agency Registered Nurse (RN) was responsible for one of the 13 errors. Counseling forms dated 12-20-06, 12-21-06 and 12-22-06 were documented for Staff #2. According to a Delegation Form dated 12-4-06, medication administration had been delegated to Staff #2 by the nurse. The follow up documented on the counseling form dated 12-20-06, states the nurse will shadow Staff #2 on a medication/treatment pass. The follow up documented on the counseling form dated 12-21-06, states Staff #2 has been retrained and shadowed by the nurse. A skill form dated 12-20-06 indicates the nurse observed staff administering medications and treatments. According to the counseling form dated 12-22-06, Staff #2 was taken off medication administration for one month, will be retrained by the nurse and will shadow CMA's for two shifts before resuming CMA duties. According to the Director, the staff was taken off medication administration prior to company policy due to the number of medication errors that occurred as well as the program's history of medication errors. Staff #2 was terminated on 1-2-07.

Medication/MAR Audit Form/Incident report	**MEDICATIONS/TREATMENTS NOT GIVEN AS ORDERED**	**MEDICATIONS/TREATMENTS NOT DOCUMENTED**
12-14-06	**Tenant #3 (12-10-06)** Prilosec Mylanta Gelcaps	
12-21-06	**Tenant #2 (12-18-06)** Methotrextate-given despite a hold order **(12-20-06)** Methenamine **Tenant #4 (12-18-06)** Ferrous Sulfate, Betoptic, Xalatan **Tenant #5 (12-18-06)** Mictayepine Healthy Eyes Vitamin D **Tenant #6 (12-18-06)** Tramadol Norvasc Klor-con Xanax **(12-20-06)** Xanax	**Tenant #4 (12-18-06)** Ferrous Sulfate, Betoptic, Xalatan **Tenant #5 (12-18-06)** Mictayapine Healthy Eyes Vitamin D **Tenant #6 (12-18-06)** Tramadol Norvasc Klor-con Xanax

12-28-06 Incident report	**Tenant #7 (12-28-06)** **Agency RN** gave 4mg Lorazepam gel instead of prescribed 40 mg Geodon Gel	

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

Dated this 6th day of February, 2007.