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

Assisted Living Program:

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

Complaint Intake: #13204R2
13209R2
13217R
13243R
13277R

Date of Investigation:

January 29 & 30, 2007

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 recertification on-site visit and complaint revisits were conducted at Bickford Cottage Assisted Living on January 29 & 30, 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):	10
Current number of tenants without cognitive disorder:	23
Total Population:	33

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

Tenant/Family Satisfaction Results- Eleven tenants attended the Community Meeting. Tenants stated staff are getting better at knowing the tenants' names. Linens are being changed routinely. One of the tenants thinks dementia training is still lacking. Some staff shout at tenants to come back to the table which is disruptive at meals. One tenant would like to have more one to one visiting with staff. Overall food is fair. Recently the potatoes and pancakes have been cold. Not all tenants are served meals at the same time. Tenants would like to receive the activity calendar on time. Tenants had various opinions regarding activities, with one stating there are "not many activities" here to others who feel the activities are fine. Some tenants would enjoy better exercise programs. Tenants stated the emergency response system is working and they are getting help when needed. Some tenants stated it takes too long to receive medications, but they know and like the Registered Nurse (RN).

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. The visit regarding Complaint #13363 on January 29 & 30, 2007, resulted in a fine of $2,500.00.

This is the second revisit of Complaints #13204 and 13209, and the first revisit of complaints #13217, 13243 and 13277.

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 #13277R: The program received a regulatory insufficiency related to not completing functional evaluations as needed with a change in condition.

- Monitoring Observation: Five tenant files reviewed indicated cognitive, health and functional evaluations were completed as needed with a change in condition.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation#13243R: The program received a regulatory insufficiency related to not providing linen service as indicated on the tenants' service plans.

- Monitoring Observation: A community meeting with 11 tenants, three tenant interviews and one family interview indicates linens are changed routinely as indicated on the tenants' service plans.

- Regulatory Insufficiency: None noted.

Complaint Allegation: During the course of the investigation on 11-13-06 & 11-14-06, the program received a regulatory insufficiency related to not consistently meeting tenants' identified bathing needs indicated on the service plans.

- Monitoring Observation: A community meeting with 11 tenants, three tenant interviews and one family interview indicates routine bathing services are provided as indicated on service plans.

- Regulatory Insufficiency: None noted.

Complaint Allegation#13217R: The program received a regulatory insufficiency related to not consistently developing service plans that reflect the current needs of the tenants.

- Monitoring Observation: Five tenant files reviewed indicated the service plans are current and reflect the identified needs of the tenants.

- Regulatory Insufficiency: None noted.

Complaint Allegation#13217R: The program received a regulatory insufficiency related to not having tenants agree to the changes in their service plans, as the tenants did not sign the updated service plans.

- Monitoring Observation: Five tenant files reviewed indicated the service plans were signed by a health care professional, two staff and the tenant or the tenants' legal representative.

- Regulatory Insufficiency: None noted.

C. 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#13217R: The program received a regulatory insufficiency related to not consistently following physician directed orders.

- Monitoring Observation: Five tenant files reviewed indicated physician directed orders were appropriately followed and documented.

Regulatory Insufficiency: None noted.

Complaint Allegation#13243R: The program received a regulatory insufficiency related to not consistently administering medication consistent with physician orders.

- Monitoring Observation: A review of the Medication/MAR audit sheets indicates four medication errors occurred on 1-19-07. The medications were not given and were documented as given. The staff that made the errors was not able to work as a Certified Medication Aide (CMA) until 1-25-07. The nurse shadowed the CMA and reviewed the medication administration policy prior to the CMA's return to passing medications. The nurse completes the Medication/MAR audit sheets at least weekly.

- Regulatory Insufficiency: None noted.

- Monitoring Observation: Two medication passes were observed at 11:00 a.m. and 12:00 p.m. and 4:00 p.m. and 5:00 p.m. on 1-29-07. Staff did not consistently sanitize at appropriate times and sanitized when it was not required at other times. Staff did not consistently wash hands between medications administered, after touching hair and after coughing. The concept of "clean" and "dirty" was not fully comprehended by staff.

- Regulatory Insufficiency: The program does not consistently follow an acceptable medication protocol related to appropriate sanitation.

D. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: Direct care staff serves food to the tenants. According to the Director, there is no documented training on sanitation and safe food handling for the direct care staff.

- Regulatory Insufficiency: The program does not consistently provide an orientation on sanitation and safe food handling for all staff that serves or prepares food.

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#13243R: The program received a regulatory insufficiency related to not adequately staffing to meet tenants' needs and appropriately maintain program records.

- Monitoring Observation: *The following information was obtained during the previous complaint investigations, which occurred on 10-12-06 and 10-13-06.* 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. 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. No additional information was obtained regarding this allegation at the current visit. The nurse completes the Medication/MAR audit sheets at least weekly. Appropriate staff disciplinary actions are documented and retained.

- Regulatory Insufficiency: None noted.

Complaint Allegation#13243R: The program received a regulatory insufficiency related to not have a consistently functioning personal emergency response system in place that allows the program to respond to the emergency needs of tenants.

- Monitoring Observation: A community meeting with 11 tenants and tenant interviews indicates the personal emergency response system is functioning appropriately.

- Regulatory Insufficiency: None noted.

Complaint Allegation#13243R: The program received a regulatory insufficiency related to not consistently having sufficiently trained staff available at all times to fully meet the tenants' identified needs.

- Monitoring Observation: A community meeting with 11 tenants and tenant interviews indicates the atmosphere and service at meal times has improved; however, still needs some continued improvement. Tenants report, at times, staff will call or shout across the dining room to redirect a tenant back to the table. They also indicate they are not consistently served with others sitting at their table. Tenants report certain dining room coordinators are better than others. One tenant reports the dining room is pleasant.

- Regulatory Insufficiency: None noted.

Complaint Allegation#13243R: The program received a regulatory insufficiency related to not consistently have appropriately trained staff.

- Monitoring Observation: A community meeting with 11 tenants and tenant interviews indicates staff has improved on becoming more familiar with the tenants and their names. A family interview indicates she is called by name and attends Family Night at the program.

- Regulatory Insufficiency: None noted.

Complaint Allegation#13243R: The program received a regulatory insufficiency related to staff assessing tenants' medical condition and not apprising the nurse as needed with a change in condition.

- Monitoring Observation: Staff interviews indicate direct care staff notify the nurse to assess tenants' medical condition as needed and they apprise the nurse as needed with a change in condition.

- Regulatory Insufficiency: None noted.

Complaint Allegation#13204R & 131209R: During the course of the investigation on 10-12-06 and 10-13-06 and on 12-11-06 and 12-12-06 revisit, the program received regulatory insufficiencies related to insufficient staff training on medication administration.

- Monitoring Observation: Staff has documented nurse delegated training on personal cares, treatments and medications. The nurse delegated training consists of shadowing by the nurse and documentation of this training. Review of the Medication/MAR audit sheets indicate sufficiently trained staff regarding medication administration.

- Regulatory Insufficiency: None noted.

Complaint Allegation#13204R & 13209R: During the course of the investigation that occurred on 9-28-06 and on 12-11-06 and 12-12-06, the program received regulatory insufficiencies related to staffing for not having consistently trained staff to fully meet the tenants' identified needs.

- Monitoring Observation: Staff has documented nurse delegated training on personal cares, treatments and medications. The nurse delegated training consists of shadowing by the nurse and documentation of this training. Staff interviews indicate the nurse has trained staff appropriately regarding personal cares, treatments and medications. Staff has been trained to fully meet the needs of the tenants.

  Staff interviews indicate there are enough activities offered, including for those tenants that have dementing illness.

- Regulatory Insufficiency: None noted.

F. Managed Risk Statement – Program has a managed risk statement which includes the tenant's or legal representative's signed acknowledgement of the shared responsibility for identifying and meeting needs and the process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others. [321 IAC 25.36]

Monitoring Observation: Tenant #1, an 89 year old, was admitted on 1-22-05 and has diagnoses of Constipation NOS, Senile Dementia, Hallucinations, Alzheimer's disease, Pure Hypercholesterolemia and High Cholesterol. The tenant is staged at a six on the Global Deterioration Scale (GDS), which indicates severe cognitive decline. The tenant has a managed risk, which was last updated by the nurse on 11-22-06. The managed risk statement was started on 6-13-06. At the time the managed risk statement was initiated the tenant was staged at a six on the GDS. The managed risk statement was signed initially by the tenant, a family member, and the nurse. The managed risk statement states the tenant is not transferred to the Emergency Room (ER) for evaluation in the event of acute change of status without prior approval from the family member. The family member that signed the managed risk statement and requests prior approval before sending the tenant to the ER is not a Durable Power of Attorney (DPOA). A copy of the tenant's DPOA was obtained from the doctor's office at exit interview and indicates another family member is the tenant's DPOA. According to a note to the physician dated 1-2-07, the tenant was found on the floor three times on that morning. At 1:00 a.m. the tenant was found on his/her side with an abrasion on the left knee. The tenant was unsteady on his/her feet to the point the nurse had him/her in a wheelchair to prevent further falls. The tenant was very groggy and at lunch would not grip his/her utensils. The nurse reports she left messages for the family member (not the DPOA) to get the tenant into the physician immediately, because the family member was "adamant" about not sending the tenant to the hospital without her approval.

- Regulatory Insufficiency: The program does not consistently maintain an appropriate managed risk document.

G. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Complaint Allegation #13243R: The program received a regulatory insufficiency related to not having an appropriate licensed driver to provide transportation. The program also received a regulatory insufficiency related to not having required safety equipment in each vehicle including: a fire extinguisher, first-aid kit, triangles and a device for two way communication.

- Monitoring Observation: An interview with the Director indicates the program does not provide routine transportation. The program will provide transportation in the event of an emergency. Cozy Van and family provide routine transportation for tenants, according to the Director.

- Regulatory Insufficiency: None noted.

Dated this 19th day of February, 2007.