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

Assisted Living Program: **Complaint Intake #: 11082**

Kathy Savits, Administrator
Bickford Cottage Assisted Living
5915 Sutton Place
Urbandale, IA 50322-1877

Date of Investigation:

March 26, 2007

Monitor(s):

Hal L. Chase, RN BSN MPH
Rose Boccella, MA

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 March 26, 2007. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* **–** A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	28

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 holds itself out as providing specialized care in a dedicated setting:	19
Total Population:	47

***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 no substantiated complaints during this certification period.

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

A. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Complaint Allegation: It is alleged the program billed a tenant for services not provided and did not provide an itemized billing.

- Monitoring Observation: A review of the program's occupancy agreement indicates itemized billing for services is not provided to each tenant. The Administrator stated billing is sent from their corporate office, but she could provide an itemized statement if requested by the tenant or family member. The Administrator stated she had provided an itemized statement of services and charges received by Tenant #1. The Administrator provided documentation of itemized billing for Tenant #1from 9-25-06 through 2-23-07 with adjustments noted for services disputed by the Power of Attorney (POA).

- 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: It is alleged the program placed Tenant #1 "in the Alzheimer's unit at night."

- Monitoring Observation: Tenant #1, a 94 year old, was admitted on 4-19-05, with current diagnoses of Anemia, Hypertension, Osteoarthritis, Anxiety Disorder and Hypokalemia. The tenant was admitted to Hospice on 11-29-06. A cognitive evaluation was completed on 2-19-07, staging the tenant at three on the Global Deterioration Scale, indicating mild cognitive decline. The program Administrator, Registered Nurse (RN) and the Hospice RN stated the tenant likes to visit a particular staff person who worked in the dementia unit, but did not sleep in the dementia unit at night. A review of the tenant's service plan of 3-14-07 did not indicate the tenant slept in the dementia unit at night.

- 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: It is alleged the program ordered and administered medications after the tenant was admitted to Hospice when, according to the complainant, the tenant would not be taking medications while receiving Hospice care.

- Monitoring Observation: A review of the Tenant #1's service plan of 3-14-07 and the current Hospice care plan of 12-5-06, indicated there was coordinated care given to Tenant #1 between Hospice and program staff. Coordinated care included program

administered medication administration. A review of physician orders indicated on 12-1-06 the physician, at the request of the Hospice RN, discontinued five prescribed medications and on 12-7-06 discontinued another medication. Medication Administration Record for March 2007 indicated eight oral, one nasal and six topical ointments were scheduled daily and two oral medications to be given as needed by program staff. The program and Hospice RN stated during interview program staff were to administer prescribed medications to the tenant.

- Regulatory Insufficiency: None noted.

D. 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: It is alleged program staff made a "sexually inappropriate comment" around a tenant.

- Monitoring Observation: Three of four staff interviewed indicated they "did not have first hand knowledge" of the alleged sexually inappropriate comment. One of four staff interviewed stated she had only heard of the incident. The program RN stated during an interview, a staff person reported to her Tenant #1 had stated two staff made an inappropriate sexual comment to him/her. In a letter prepared by the program Administrator, the tenant was interviewed and confirmed that the allegation was true. Staff involved were interviewed and denied making any inappropriate sexual comment to Tenant #1. The program completed "Counseling Forms" for each staff person involved and indicated both had been "observed and reported that interactions with staff and residents has been inappropriate and therefore unacceptable."

- Regulatory Insufficiency: None noted.

During the course of the investigation, it was determined the program did not require all staff employed by the program to complete dependent adult abuse training within six months of employment

- Monitoring Observation: A review of staff files indicated three staff did not have dependent adult abuse training within six months of employment

- Regulatory Insufficiency: The program did provide sufficiently trained staff to meet tenants identified needs.

Complaint Allegation: It is alleged program staff were instructed by the Administrator not to discuss "anything with the family regarding an incident involving the tenant."

- Monitoring Observation: When interviewed, the Administrator and RN stated they instructed staff to direct tenants and family to the Administrator if they were asked questions concerning cares given and inappropriate conduct by staff.

- Regulatory Insufficiency: None noted.

E. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

During the course of the investigation, it was determined the program did not require all staff employed by the program complete six hours of dementia training within the first six months of employment.

- Monitoring Observation: A review of staff files indicated two staff did not have dementia-specific education and training within 90-days of employment.

- Regulatory Insufficiency: The program did not have all personnel employed by the program complete dementia-specific education and training.

Dated this 11th day of April, 2007.