Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Laura Brock, Director
Bickford Cottage
4040 E. 55th Street
Davenport, IA 52807

Date of Monitoring Visit:

September 6, 2007

Monitor(s):

Stephanie Cummins, SW MA
Chris Nothaft, LBSW

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 25.8(3)]. 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 Recertification Monitoring Evaluation 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 this chapter 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 specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Bickford Cottage on September 6, 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:	23
Current number of tenants with cognitive disorder:	7
Total Population:	30

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:	5
Current number of tenants without cognitive disorder:	0
Total Population:	5

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

Tenant/Family Satisfaction Results – A community meeting was held with five tenants in attendance. The tenants have no concerns with cleaning or laundry and they stated maintenance was very quick. They did have questions in regard to the smoking policy. Tenants state all of the staff are wonderful, helpful, kind and fun. They indicate staffing is fine on the nights and weekends, as well as, the day time. One tenant states he/she had pulled the emergency pull cord five to six times on one occasion within the past month and no one answered. Tenants describe the cooks as creative and two tenants indicate breakfast is the best meal. They state there is enough food served and the temperature of the food is good. The tenants want more fresh vegetables, salads and fruit. The tenants enjoy the cookouts and describe the food served at the cookouts as perfect. They report the quality of the meat needs improvement and it is sometimes tough, especially the pork and beef. Tenants indicate the scalloped potatoes, served recently, were not done. They state the food is like at home, some days better and some days not as good. Tenants do not indicate any improvements are needed to make the program a better place. The tenants attend Bingo and state 10 to 12 tenants usually attend. They also state they play games and have musical groups. The tenants feel safe and state they make their own decisions. The tenants state the nurse is busy; however, she gets back to them if they have questions. The tenants like the program and say it feels like home with “another” family. One tenant said for those able to get around, they could not ask for better.

Complaint History – There were substantiated complaints this certification period in the areas of Evaluation of Tenant, Criteria for Exclusion of Tenant and Service Plans.

On-Site Monitoring Evaluation – The monitor(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)]

Monitoring Observation: Six tenant files were reviewed.

Tenant #1, an 87 year old, was admitted on 6-10-06 and diagnoses include: Hypertension (HTN), Coronary Artery Disease (CAD), Dementia, Hyperlipidemia and Glaucoma. The tenant scored a six to seven on the Global Deterioration Scale (GDS), which indicates severe to very severe cognitive decline. The tenant currently resides in the dementia unit. The tenant was taken to the hospital on 7-13-07 and returned on 7-14-07 with a diagnosis of pneumonia. Progress notes beginning 7-14-07, document numerous incidences of inappropriate behavior including but not limited to: aggressive behaviors towards staff, elopement attempts, falls/found on the floor and refusals of cares. According to progress notes dated 8-13-07, the nurse updated the tenant's physician regarding the tenant's behavior and an increase noted in agitation and combativeness. According to progress notes dated 8-20-07, the nurse talked with the family and they planned to transfer the tenant to a nursing home. Cognitive, health and functional evaluations were last updated on 8-27-07 and not updated, as needed, with a change in the tenant's condition.

Tenant #2, an 88 year old, was admitted on 7-31-04 and diagnoses include: Alzheimer's Dementia, HTN, B-12 Malabsorption and Osteoporosis. The tenant is staged at a six to seven on the GDS, which indicates severe to very severe cognitive impairment. The tenant currently resides in the dementia unit. On 9-10-07 the program was denied a waiver of administrative rules dealing with "Criteria for Exclusion of Tenants". At that time the program issued a 30 day notice of transfer to the tenant. According to Staff #1, #2 and #3, the tenant requires two staff to transfer routinely. Staff #1 indicated the tenant had required routine assist of two for approximately one month. Staff #2 indicated the tenant had required routine assist of two for longer than one month. Staff #3 indicated the tenant had required routine assist of two for a couple of months. Evaluations were completed on 7-6-07 and on 8-27-07. The health evaluation updated on 7-6-07 stated (under Lower Range of Motion) the tenant was an intermittent two person transfer. Evaluations were not updated, as needed, with a change in the tenant's condition.

Tenant #3, a 91 year old, was admitted on 7-8-04 and diagnoses include: Alzheimer's, Osteoporosis and Peptic Ulcer Disease (PUD). The tenant is staged at a five on the GDS, which indicates moderately severe cognitive impairment. Staff #2, #3 and #4 stated the tenant was routinely wet and soiled between two hour toileting checks. Staff stated if the tenant was toileted four times on an eight hour shift the tenant would be wet four out of four times the tenant was checked and soiled anywhere from two out of four times to four out of four times. The health evaluation, which was last updated on 6-18-07, states (under Bladder Habits) the tenant is occasionally incontinent. The health evaluation states (under Bowel Habits) the tenant is occasionally incontinent. The functional evaluation, which was last updated on 6-21-07, states (under Bladder Management) the tenant is incontinent of bladder at times and (under Bowel Management) the tenant is incontinent of bowel at times. Health and cognitive evaluations were last completed on 6-18-06 and the functional evaluation was last completed on 6-21-07. Evaluations were not updated, as needed, with a change in the tenant's condition.

Tenant #4, an 89 year old, was admitted on 5-19-05 and diagnoses include: Thrombolitic, Cerebrovascular Accident (CVA) Left Side Aphasia, Right Hemiparesis, Coagulopathy and Gastrointestinal (GI) Bleed. According to a physician's order, Hospice Care was ordered on 7-3-07. According to progress notes dated 7-13-07, the tenant was admitted to Hospice. Cognitive, health and functional evaluations were not completed at the time the tenant was admitted to Hospice. Cognitive, health and functional evaluations were completed on 8-17-07, more than one month after the tenant was admitted to Hospice. Evaluations were not updated, as needed, with a change in the tenant's condition.

- Regulatory Insufficiency: The program does not consistently evaluate tenants' functional and cognitive abilities and health status, as needed, with a change in the tenant's condition. (25.23 (2))

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

Monitoring Observation: Six tenant files were reviewed.

Tenant #1's progress notes beginning 7-14-07, document numerous incidences of inappropriate behavior including but not limited to: aggressive behaviors towards staff, elopement attempts, falls/found on the floor and refusals of cares. According to progress notes dated 8-13-07, the nurse updated the tenant's physician regarding the tenant's behavior and an increase noted in agitation and combativeness. According to progress notes dated 8-20-07, the nurse talked with the family and they planned to transfer the tenant to a nursing home. The last service plan was updated on 8-27-07. A service plan was not updated, as needed, with a change in the tenant's condition and was not signed by the tenant or the tenant's legal representative.

Tenant #2 was a routine two person transfer according to Staff #1, #2 and #3. Staff #1 indicated the tenant had required routine assist of two for approximately one month. Staff #2 indicated the tenant had required routine assist of two for longer than one month. Staff #3 indicated the tenant had required routine assist of two for a couple of months. The service plan was last updated on 8-27-07. A service plan was not updated, as needed, with a change in the tenant's condition and was not signed by the tenant or the tenant's legal representative.

Tenant #3 was routinely wet and soiled between two hour toileting checks, according to interviews with Staff #2, #3 and #4. Staff stated if the tenant was toileted four times on an eight hour shift the tenant would be wet four out of four times the tenant was checked and would be soiled anywhere from two out of four times to four out of four times. The service plan was last updated on 6-21-07. The service plan stated (under Bladder Management) the tenant was incontinent of bladder at times and (under Bowel Management) the tenant was incontinent of bowel at times. A service plan was not updated, as needed, with a change in the tenant's condition.

Tenant #4 was ordered into Hospice Care on 7-3-07, according to a physician's order. According to progress notes dated 7-13-07, the tenant was admitted to Hospice. The

service plan developed on 5-9-07 had been updated on 7-13-07, which stated the tenant was admitted to Hospice. Evaluations were not completed at the time the service plan was updated. The nurse, two staff and the tenant did not update the service plan at the time the update occurred. The updated service plan did not address services that Hospice provided. The service plan was updated on 8-17-07 and labeled a Standard Review; however, it was updated more than one month after the tenant was admitted to Hospice. A service plan was not updated, as needed, with a change in condition.

- Regulatory Insufficiency: The program does not consistently update service plans, as needed, with a change in a tenant's condition. (25.28 (3))

- Regulatory Insufficiency: The program does not consistently update service plans signed by the health professional, two staff and the tenant or the tenants' legal representative. (25.28 (3))

C. 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]

Monitoring Observation: According to the nurse, staff training on Activities of Daily Living (ADLs) was completed annually in an in-service; however, a skills checklist was not completed. The nurse had seen staff completing cares; however, there was no documentation that any shadowing of ADLs had occurred. The nurse indicated only CMAs pass medications. The new CMAs shadow CMAs for two to three shifts, then the new CMA passes medications and the nurse observes, then the new CMA pairs with a seasoned CMA until the new staff is comfortable and then the new CMA passes medications with the seasoned staff shadowing.

- Regulatory Insufficiency: The program does not consistently provide appropriate nurse delegated staff training. (25.33 (1))

Dated this 26th day of November, 2007.