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

Assisted Living Program:

Complaint #: 16852-C

Kathryn Keane, Administrator
Bickford Cottage I Assisted Living
4020 Indian Hills Drive
Sioux City, IA 51108

Date of Monitoring Visit:

March 26, 2008

Monitor(s):

Michael Streepy, RN
Hal Chase, RN, BSN, MPH

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 an Initial Certification 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:

A preliminary complaint investigation and recertification monitoring evaluation on-site was conducted at Bickford Cottage I Assisted Living on March 26, 2008. 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:	21
Current number of tenants with cognitive disorder:	0
Total Population:	21

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):	5
Total Population:	26

***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 14 tenants. Tenants stated the living environment is okay and the program is quick to respond to any environmental issues. Staff are helpful with response to requests for assistance taking no more than 3 minutes. Tenants stated the food is good with the program offering too much. The activities include lots of outside entertainment and a good variety of activities are offered. Tenants feel safe and participate in fire drills with evacuation practice taking about 12 minutes. Tenants stated they are receiving services as expected in the occupancy agreement but were not sure of limitations to eligibility. Tenants stated they are independent in decision making and are not restricted in any way. Tenants stated medical services are good with staff contacting the program nurse who evaluates any concerns and evaluates for physician or hospital notifications. Tenants stated general satisfaction with the program and would recommend it to friends and family.

Program History – There were substantiated complaints in the areas of: Evaluation of Tenant, Service Plan, Nurse Review and Record Checks.

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: Tenant #2, a 77 year old, was admitted on 10-8-05 and has diagnoses of: Severe Chronic Obstructive Pulmonary Disease, Anxiety, Vasomotor Rhinitis, Benign Prostatic Hypertrophy and History of a Hematoma. A cognitive evaluation was completed on 3-10-08, staging the tenant at a four on the GDS, indicating moderate cognitive decline. Clinical progress notes from Hospice indicated an assessment and admission to Hospice was completed on 3-24-08. The program did not complete functional, cognitive and health evaluations as needed to determine any modifications to services needed.

Tenant #3, an 87 year old, was admitted on 8-5-04 and has diagnoses of: Parkinson's Disease and Dementia. Hospice Diagnoses of: Dementia – Lewy Bodies, Parkinson's Disease, Hypertension Non Origin Specific and Edema. A cognitive evaluation was completed on 3-24-08, staging the tenant at a four on the GDS, indicating moderate cognitive decline. Tenant #3 was granted a waiver by the Department on March 20, 2008 related to Exclusion of Tenant. Nurse's notes of 1-7-08 indicated the program asked the tenant's physician for a Hospice evaluation. Hospice plan of care of 1-24-08 indicated the tenant was admitted to Hospice on 1-16-08. The program completed a functional, cognitive and health evaluation on 1-28-08, twelve days after the tenant was admitted to Hospice and four days after receiving a plan of care from Hospice. The program did not complete a functional, cognitive and health status as needed to determine any modifications to services needed.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (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: Tenant #2 was admitted to Hospice on 3-24-08. The program's Registered Nurse (RN) stated she was waiting for Hospice to give her their care plan. The program did not update the service plan of 3-11-08 to reflect a change in personal care or health-related care and the service provider other than the program.

Tenant #3 was admitted to Hospice on 1-16-08. A Hospice nursing evaluation of 1-16-08 indicated the tenant was expressionless and withdrawn. The tenant responded only to painful stimuli, could not communicate except for moaning or restlessness and has sensory impairment which limits the ability to feel pain or discomfort. The tenant is chairfast, meaning the tenant's ability to walk is severely limited or nonexistent, cannot bear weight, requires moderate to maximum assistance in moving, complete lifting without sliding on sheets is impossible, frequently slides down in the bed or chair, requires frequent repositioning. The tenant is incontinent and requires two staff assist to transfer. The tenant needs to be fed.

The program requested an order from the tenant's physician to use side rails on the hospital bed for safety. Clinical progress notes of 2-20-08 indicated the tenant's heels are slightly reddened with left inner heel with a pinpoint dark area. Staff are to keep the tenant's feet off of the bed and apply calmosepine to heels and coccyx to prevent skin break-down. Hospice team care plan of 3-7-08 indicated the tenant is totally dependent on staff for all Activities of Daily Living (ADLs), has difficulty swallowing medications or will spit out medications. Hospice team care plan of 3-19-08 indicated the tenant is incontinent of bowel and bladder, refusing to eat or take medications, has had a seven pound weight loss, has been crying more when staff provides ADLs, is pocketing food and is rigid when transferred to bed.

Service plan updates were completed on 1-28-08, twelve days after the tenant was admitted to Hospice. The service plan of 1-28-08 did not establish interventions related to the tenant's inability to communicate needs and wants, inability to bear weight, frequent repositioning, total dependence on ADLs, needing to be fed, use of nutritional liquid supplements, difficulty swallowing and spitting out medications. The service plan was updated on 2-6-08, but the interventions identified by Hospice were not included in the tenant's service plan. The tenant's health status changed as documented in Hospice team care plans of 3-7-08 and 3-19-08, but the program did not update the service plan to reflect a change in the tenant's personal care or health-related care.

- Regulatory Insufficiency: The program did not update the service plan when the tenant needs personal care or health-related care within 30 days of occupancy, as needed, but not less than annually, by a multi-disciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28 (3))

- Regulatory Insufficiency: The program did not individualize the service plan and indicate, at a minimum, the tenant's identified needs and the tenant's requests for assistance and expected outcomes; any services and care provided pursuant to the occupancy agreement with the tenant; the service providers if other than the program; and for tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. (25.28 (4))

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]

Monitoring Observation: A review of Medication Administration Records (MAR) for March on Tenants #4, #5, #6, and #7 indicated the following medication errors:

Tenant #4	Dilacor XR 1 capsule daily	Not recorded as given on 3-9-08 – 3-11-08
Tenant #4	Lopressor 1 tablet twice daily	Not recorded as given on 3-9-08 – 3-10-08
Tenant #4	Prilosec 1 capsule daily	Not recorded as given on 3-9-08 – 3-11-08
Tenant #4	Synthroid 1 tablet daily	Not recorded as given on 3-9-08 – 3-11-08
Tenant #5	Trazadone 50 mg 1 tablet daily	Not recorded as given on 3-19-08
Tenant #5	Ativan 0.5mg 1 tablet daily	Not recorded as given on 3-19-08
Tenant #5	Floss teeth a.m. and p.m.	Not recorded as completed a.m. on 3-19-08
Tenant #5	Chair alarm check for function a.m. and p.m.	Not recorded as checked in the a.m. on 3-19-08
Tenant #6	Milk of Magnesia 30 ml every morning	Not recorded as given on 3-1-08
Tenant #6	K-Dur 1 tablet daily	Not recorded as given on 3-1-08
Tenant #6	Albuterol 90mcg 2 puffs four times daily	Not recorded as given at 8:00 a.m. and 12:00 p.m. on 3-3-08 – 3-4-08 and at 4:00 p.m. and 8:00 p.m. on 3-14-08
Tenant #6	Colace 2 capsules twice daily	Not recorded as given on 3-1-08
Tenant #6	Ceftin 500 mg 1 tab twice daily x 10 days	Not recorded as given on 3-1-08
Tenant #6	Proventil Nebulizer 1 vial four times daily	Not recorded as given at 8:00 a.m. and 12:00 p.m. on 3-1-08
Tenant #6	Theophylline 100mg 3 tablets at noon	Not recorded as given on 3-1-08
Tenant #6	Aciphex 20 mg 1 tablet daily	Not recorded as given on 3-1-08
Tenant #6	Oxytrol apply 1 patch on Mondays & Fridays	Not recorded as applied on 3-1-08
Tenant #7	Januvia 100 mg 1 daily	Not recorded as given on 3-8-08 – 3-9-08 and 3-25-08 – 3-26-08
Tenant #7	Metoprolol XL 50 mg 1 daily	Not recorded as given on 3-1-08
Tenant #7	Accu-checks twice daily	Not recorded as completed in the a.m. on 3-17-08 – 3-20-08

- Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655-subrule 6.2(5) and 655-subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. (25.29 (2)a), (655-6.2(5)e(152))

D. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Complaint Allegation: It is alleged a family member had discovered the staff had locked tenants in their rooms.

Monitoring Observation: Interview with 14 tenants during the community meeting as well as interviews with two other tenants including the tenant and the family member named in the complaint, reveals tenants had not been confined to their rooms at any time.

- Regulatory Insufficiency: None noted.

Dated this 9th day of May 2008.

Plan of Correction
Bickford Cottage 1 Sioux City, IA
April 24, 2008

A. Evaluation of Tenant

Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the grogram and to determine any modifications to services needed.

Plan of Correction

The insufficiency will be corrected as follows:

- Bickford Cottage will complete functional, cognitive and health evaluations within thirty days and as needed to determine resident's continued eligibility and need for modification of services, effective immediately.
- Resident #2 - Functional, cognitive, and health evaluations were done on 3.10.08, 3.26.08 and 4.1.08. Resident passed away on 4-12-08
- Resident #3 - Functional, cognitive and health evaluations were done on 3.24.08 3.31.08 and 4.11.08.

The program will take the following action to protect the residents from similar situations:

- The Senior V.P. of Resident Services provided retraining to the Director and RN Coordinator on 4.17.08, regarding the completion of evaluations on residents and the requirement for updates with changes in resident's condition and care needs/desires.

The following measures will be taken to assure the problem does not recur:

- Director and RN Coordinator will monitor current residents to assess for any resident status changes which would trigger functional, cognitive and health status evaluations to be initiated.
- Communication between the Director, RNC and front line staff will continue on a routine basis to determine any changes in resident's condition or care needs to ensure changes are assessed and addressed in a timely manner.

The program will monitor performance to ensure permanent solutions in the following manner:

- The Senior V.P. of Resident Services will monitor, via phone, resident status changes with Director and RN Coordinator on a weekly basis for the next 30 days.
- The Divisional Director of Resident Services will audit the resident records at least twice a year for evidence of change in condition/care needs and the initiation of the evaluation process. Retraining will be provided as indicated.

B. Service Plan

Regulatory Insufficiency: The program did not update the service plan when the tenant needs personal care or health-related care within 30 days of occupancy, as needed, but not less than annually, by a multi-disciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative.

Plan of Correction

The insufficiency will be corrected as follows:

- Bickford Cottage will update Service Plans to reflect resident personal and health related needs upon a change in condition or care needs/desires, as well as on a scheduled basis.
- Resident # 2 - The Service Plan was updated on 3-11-08, 3.26.08 and 4.1.08. Resident passed away on 4-12-08.
- Resident # 3 - The Service Plan was updated on 3.26.08, 04.03.08 and 04.11.08.

The program will take the following actions to protect residents from similar situations:

- The Senior V.P. of Resident Services provided retraining to the Director and RN Coordinator on 4.17.08, regarding the completion of Service Plans with regard to changes in the resident's personal care or health-related care needs. Training included: individualizing the service plan, identifying the resident needs and the resident's requests for assistance.

The following measures will be taken to ensure the problem does not recur:

- Verbal and written communication between the Director, RNC and frontline staff will occur on a routine basis to monitor for changes in resident care needs. If there is a change in the resident's status, evaluations will be completed with all changes incorporated into the new Service Plan.

The program will monitor performance to ensure permanent solutions in the following manner:

- The Senior V.P. of Resident Services will monitor resident status changes with Director and RN coordinator on a weekly basis for the next 30 days.
- The Divisional Director of Resident Services will audit the resident records at least twice a year for evidence of change in condition/care needs and revision of the service plan. Retraining will be provided as indicated.

Regulatory Insufficiency: The program did not individualize the service plan and indicate, at a minimum, the tenant's identified needs and the tenant's requests for assistance and expected outcomes; any services and care provided pursuant to the occupancy agreement with the tenant; the service providers if other than the program; and for tenants who are unable to plan their own activities, including tenants with

dementia, planned and spontaneous activities based on the tenant's abilities and personal interests.

Plan of Correction

The insufficiency will be corrected as follows:

- Bickford Cottage will immediately update individual service plans to reflect resident needs upon a change in condition or care needs, as well as, on a scheduled basis.
- Bickford Cottage will collaborate and coordinate resident care needs with outside providers and reflect those service needs in the resident's service plan.
- Bickford Cottage will provide specific planned activities for those residents unable to plan their own activities and will have individualized spontaneous activities, based upon their abilities and personal interests, listed for each of those residents on their service plans.
- Resident #2 – A Service Plan was updated on 3.11.08, 3.26.08 and 4.1.08. Resident passed away on 3.12.08.
- Resident #3 – A Service Plan was updated on 3.26.08, 4.3.08 and 4.11.08.

The program will take the following actions to protect residents from similar situations:

- The Senior V.P. of Resident Services provided retraining to the Director and RN Coordinator on 4.17.08, regarding the completion of Service Plans with regard to changes in the resident's personal care, health-related care needs and social activity/programming needs. Training included: individualizing the service plan, identifying the resident needs and the resident's requests for assistance, as well as specific activity requirements including the need for individualized spontaneous activities for those residents whose cognitive declines prohibit them from planning/initiating their own activities.
- "My Life Story" information will be obtained, with the resident's approval, to provide insight into the resident's personal story and life experiences and enable the staff to incorporate specific interests and hobbies in the resident's individualized service plan.

The following measures will be taken to ensure the problem does not recur:

- Verbal and written communication between the Director, RNC and frontline staff will occur on a routine basis to monitor for changes in resident care needs. If there is a change in the resident's status or service needs evaluations will be completed with all changes incorporated into the new Service Plan.

The program will monitor performance to ensure permanent solutions in the following manner:

- The Divisional Director of Resident Services will audit the resident records at least twice a year for evidence of change in condition/care/social needs and revision of the service plan. Retraining will be provided as indicated.

C. Medications

Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 665-subrule 6.2(5) and 655-subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards or nursing practice as defined in these rules. (25.29(2a), (655-6.2(5)e(152)

Plan of Correction:

The insufficiency will be corrected as follows:

- Bickford Cottage will ensure that all staff who administer medications consistently follow acceptable medication administration protocol as identified in Bickford Policy #702, meeting all of the Iowa requirements.

The program will take the following actions to protect residents from similar situations:

- The Senior V.P. of Resident Services provided retraining to the Director and RN Coordinator on 4.17.08 regarding Bickford Policy # 702 - Medication Administration.
- The RN Coordinator provided retraining for all CMA's on 3.27.08. Training included review of the Bickford Policy #702 and the six rights of medication administration.
- The RN Coordinator provided further retraining to all CMA's on 4.18.08. Training included the six rights of medication administration; re-review of Bickford Policy #702, proper documentation of prn medications on the MAR, and the importance of accuracy with medication administration, specifically as it relates to actual medication administration and documentation of medications.

The following measures will be taken to ensure the problem does not recur:

- The RN Coordinator will continue to complete a minimum of weekly medication audits which will include a review of all residents MAR's and bubble packs for accuracy.
- Audits will be submitted on a weekly basis to the Divisional Director of Resident Services and the Senior V.P. of Resident Services for review.

The program will monitor performance to ensure permanent solutions in the following manner:

The Divisional Director of Resident Services will audit at least twice yearly for evidence the staff is following appropriate minimum standards of practice ensuring accuracy with medication administration.

IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

DEAN A. LERNER, DIRECTOR

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

May 9, 2008

Kathryn Keane, Administrator
Bickford Cottage I Assisted Living
4020 Indian Hills Drive
Sioux City, IA 51108

RE: Final Complaint Investigation and Recertification Monitoring Evaluation Report, Bickford Cottage I, Sioux City, IA

Dear Ms. Keane:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Complaint Investigation and Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed for your information.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **June 1, 2008 through May 31, 2010**. If you have any questions regarding this certification, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
Lead Certification Coordinator – Western Iowa
Adult Services Bureau

Enclosure