IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 24, 2008

Complaint Intake: #15430-R1
15073-R1

Barb Judkins, Administrator
Bickford Cottage Assisted Living
101 New Castle Rd.
Marshalltown, IA 50158-5241

RE: I. Final Recertification and Complaint Investigation – #15073-R1 and 15430-R1
II. Immediate Sanction – Conditional Operation
III. Civil Penalty
IV. Hearings and Appeals
V. Conclusion

Dear Ms. Judkins:

Final Recertification and Complaint Investigation – Bickford Cottage, Marshalltown, IA.
Enclosed are the **Final Complaint Investigation Reports** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Final Reports note the **Regulatory Insufficiencies,** as defined in the areas of: Evaluation of Tenant, Service Plan, Nurse Review, Record Checks and Other.

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information.

II. Immediate Sanction - Conditional Operation

As reflected in the Preliminary Report, the program failed to comprehensively follow the regulations in 321 IAC Chapter 25. Due to the program's noncompliance, current Regulatory Insufficiencies and the findings of the on-site monitoring visit of May 6 and 7, 2008, Bickford Cottage Assisted Living, Marshalltown, is being issued a Conditional Certificate effective June 3, 2008. The program must also submit all record checks of all newly hired employees, as well as, the existing employees.

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION	ADMINISTRATIVE HEARINGS	HEALTH FACILITIES	INVESTIGATIONS
(515) 281-5457	(515) 281-4843	(515) 281-4115	(515) 281-5714
FAX: (515) 242-6863	FAX: (515) 281-4477	FAX: (515) 242-5022	FAX: (515) 242-6507

Telephone Number for the Hearing Impaired: (515) 242-6515

While effective immediately, the program may appeal these sanctions by filing an appeal within 30 days of issuance of this letter.

III. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Complaint Investigation Report the civil penalty obligation, in the amount of three thousand ($3,000.00) dollars, is required.

IV. Hearings/Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10 If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

V. Conclusion

Bickford Cottage – Marshalltown is being assessed a $3,000 00 civil money penalty Bickford Cottage Assisted Living, Marshalltown, is being issued a Conditional Certificate effective June 3, 2008. The program must also submit all record checks of all newly hired employees, as well as, the existing employees.

The Plan of Correction that was submitted is accepted.

DIA will revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter

If you have any questions in regard to these matters, please contact Connie Schaffer at (515) 281-5003 or Connie.Schaffer@dia.iowa.gov

Sincerely,

Ann Martin

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Barbara Judkins, Administrator
Marshalltown Bickford Cottage
101 New Castle Rd
Marshalltown, IA 50158-5241

Complaint Intake #: 15430-R1
15073-R1

Date of Investigation:

May 5 and 6, 2008

Monitor(s):

Hal Chase RN BSN MPH
Michael Streepy 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 complaint investigation on-site complaint revisit and recertification was conducted at Marshalltown Bickford Cottage on May 5 and 6, 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	32

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
Total Population:	42

***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 40 tenants in attendance. Tenants stated they liked living at the program and stated the program is almost as nice as home. Staff are kind, respectful and know what they are doing. The meals are good, although soup is not always hot as it should be and the tenants often get too much food. Tenants stated the program needed to take better care of the lawn and shrubs. Tenants felt safe and were receiving the care they contracted for. They enjoyed the activities offered but would like more variety Tenants stated they made their own decisions regarding their personal and health-care choices. Tenants stated they would recommend the program to others.

Accreditation Status – Not applicable.

Program History – The complaint history during this certification period includes Complaint #15073 and # 15430 on January 16, 2008, which resulted in a fine of $4,500 00. There were substantiated complaints in the areas of Evaluation of Tenant, Service Plans, Nurse Review, Staffing, Dementia-specific Education and Record Checks during this certification period.

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)]

During the course of the complaint investigation on 1-16-08 for complaints #15430 and #15073, the program received a regulatory insufficiency related to not completing a functional, cognitive and health evaluation as needed with a change in health status for Tenants #1 and #2.

- Monitoring Observation: Tenant 1 an 88 year old was admitted on 2-23-04 and has diagnoses of: Hypertension, (HTN) Diabetes Mellitus, Dementia and Cancer A cognitive evaluation was completed on 3-4-08 staging the tenant at a five on the Global Deterioration Scale (GDS), indicating moderately severe cognitive decline. Progress notes of 4-25-08 indicated the tenant had a bruised right arm. The tenant "voiced some tenderness" and staff loosened the watch. On 5-2-08 staff noticed the tenant's right hand was black and blue and the tenant voiced tenderness. The program did not complete functional, cognitive and health evaluations with a change in condition.

  Tenant #2, an 89 year old, was admitted on 10-12-01 and has diagnoses of: Depressive Disorder, Cerebral Vascular Accident, Osteoarthritis, Recurrent Urinary Tract Infection, (UTI) Fibromyalgia, Status Post Hysterectomy and Status Post Appendectomy A cognitive evaluation was completed on 4-29-08, staging the tenant at a five on the GDS, indicating moderately severe cognitive decline. Functional, cognitive and health evaluations were completed on 4-23-08 and 4-29-08 as the tenant had a possible UTI.

During the course of this revisit and recertification the following information was obtained:

Tenant #3, a 62 year old, was admitted on 2-3-05 and has diagnoses of: Multiple Sclerosis, Weakness and HTN. Progress notes of 3-18-08 indicated the tenant had a small pinpoint open area on left buttock. The physician was notified on 3-19-08 and ordered Duoderm. Progress notes of 4-4-08 indicated the tenant had an open area on the left buttock "which is now measuring 4cm," and the tenant is "more incontinent of urine." Progress notes of 4-8-08 indicated the physician ordered to continue Duoderm to the left buttock for three days, Foley catheterization for five days and Bactroban to the left knee. Progress notes of 4-12-08 indicated drainage from the Foley catheter was draining dark colored urine with clots. Progress notes of 4-15-08 indicated the physician was notified of two small blisters found on the tenant's bottom. The physician ordered to leave the catheter in for three additional days and send a urine sample for a urinalysis. Progress notes of 4-18-08 indicated the Foley catheter was discontinued because the physician believed the tenant had a UTI. Progress notes of 4-24-08 indicated there were no open areas on the left buttocks. Progress notes of 4-27-08 indicated the tenant was incontinent of urine when the Foley catheter was removed. A health evaluation was completed on 4-8-08, but the program did not complete a functional or cognitive evaluation with a change in health status.

Tenant #5, an 87 year old was admitted to the program 11-01-06 and has diagnoses of: Atrial Fibrillation, HTN and Dementia. A cognitive evaluation was completed on 4-25-08, staging the tenant at a four on the GDS, indicating moderate cognitive decline. Nurse's notes of 02-28-08 indicated a UTI with physician ordered treatment of Macrobid 100 milligrams daily for seven days. Nurse's notes dated 03-04-08 indicated a physician order for oxygen at two liters per nasal cannula at night. Nurse's notes of 05-01-08 indicated physician's order for right wrist splint reinstated. The program did not complete a functional, cognitive and health evaluation with a change in health status.

- Regulatory Insufficiency: The program did not evaluate each tenant's functional, cognitive and health status as needed to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(2))

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

During the course of the complaint investigation #15430 and #15730 of 1-16-08, the program received a regulatory insufficiency related to not excluding Tenant #2 who exceeded occupancy and retention criteria.

- Monitoring Observation: Tenant #2's progress notes of 3-4-08 through 5-5-08 indicated the tenant was cooperative with staff when cares were given. Progress notes of 3-4-08 indicated staff were given specific interventions related to the tenant's past behavior and they have been effective in reducing poor outcomes. Staff #6, #7, #8 and #9 did not identify this tenant as exceeding occupancy and retention criteria.

- Regulatory Insufficiency: None noted.

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

During the course of the complaint investigation on 1-16-08 for complaints #15430 and #15730, the program received a regulatory insufficiency related to not updating Tenants #1 and #2's service plan with a change in condition and not having service plans that were individualized to meet the tenant's identified needs, requests for assistance and expected outcomes.

- Monitoring Observation: Tenant #1's service plan was updated on 3-4-08 due to a change in condition. The service plan included interventions related to identified needs, requests for assistance and expected outcomes; however, the service plan was not signed by the tenant or the tenant's legal representative. The tenant's Durable Power of Attorney did not sign the service plan.

  Tenant #2's service plan was updated on 3-4-08, included interventions related to behavior and was signed by the tenant, registered nurse (RN) and two additional staff. The service plan was updated on 4-23-08 and 4-29-08 but without a change in condition.

During the course of this revisit and recertification the following information was obtained:

Tenant #3's service plan was updated on 4-4-08 to include the physician's order for the use of Duoderm ordered on 3-19-08. The program did not update the service plan on 3-19-08 with a change in health status. The service plan was updated on 4-4-08, 4-11-08 and 4-15-08 but was not supported by functional, cognitive and health evaluations. A physician's order of 4-8-08 included continuation of Duoderm to the left buttock, Foley catheterization and wound care twice daily to the left knee. The service plan was updated of 4-8-08 to include the use of Duoderm and Foley catheterization and care but did not include wound care to the left knee. The service plan of 4-8-08 was not supported by a functional and cognitive evaluation. Tenant #5's nurse's notes of 05-01-08 indicated a physician's order to re-instate a right wrist splint. The program did not update the service plan when changes were needed related to the cares given to the tenant.

- Regulatory Insufficiency: The program did not individualize the service plan and did not indicate, at a minimum, the tenant's identified needs and the tenant's requests for assistance and expected outcomes. (25.28(4)(a))

D. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

During the course of the complaint investigation #15430 and #15730 of 1-16-08, the program received a regulatory insufficiency related to not assessing and documenting the health status of each tenant, making recommendations and referrals as appropriate and monitoring the progress on previous recommendations when there are changes in health status.

- Monitoring Observation: Tenant #1's progress notes of 4-25-08 indicated a bruised right arm. The tenant "voiced some tenderness" and staff loosened the watch. On 5-2-08 staff noticed the tenant's right hand was black and blue and the tenant voiced tenderness. The RN did not complete a nurse review, as needed, with a change in condition.

  Tenant #2's progress notes indicated nurse reviews were completed on 3-4-08, 4-23-08 and 4-29-08 when it was suspected a change in condition existed. Physician orders of 3-3-08, 4-23-08, 4-29-08, 5-1-08 and 5-4-08 were signed but not consistently dated and timed.

  Tenant #3's physician orders of 4-15-08, 4-18-08 and 4-29-08 were signed, but not consistently dated and timed.

During the course of this revisit and recertification the following information was obtained:

Tenant #5's nurse's notes of 02-28-08 indicated a UTI with physician ordered treatment of Macrobid 100 milligrams daily for seven days. Nurse's notes dated 03-04-08 indicated a physician order for oxygen at two liters per nasal cannula at night.

Nurse's notes of 05-01-08 indicated physician's order for right wrist splint reinstated. Physician orders of 4-29-08 and 4-30-08 were signed and dated but not timed.

- Regulatory Insufficiency: The program did not assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations where there are changes in health status. (25.30 (3))

- Regulatory Insufficiency: The program did not provide written documentation of the activities, as set forth in 25.30 (1)) through 25.30 (3), showing time, date and signature. (25.30 (4))

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]

During the course of the complaint investigation #15430 of 1-16-08, the program received a regulatory insufficiency related to not having sufficiently trained staff available to meet the identified needs of Tenants #1, #2 and #3 for not ensuring all personnel employed by or contracting with the program received training appropriate to assigned tasks and target population.

- Monitoring Observation: Tenant #1's progress notes of 3-19-08 indicated staff were retrained on how to re-approach the tenant if behavior is inappropriate. Progress notes of 3-19-08 through 5-2-08 did not indicate inappropriate behavior Staff #6, #7, #8 and #9 stated they haven't seen inappropriate behaviors.

  Tenant #2's progress notes of 3-4-08 through 5-5-08 indicated the tenant was cooperative with staff when cares were given. Progress notes of 3-4-08 indicated staff were given specific interventions related to the tenant's past behavior and they have been effective in reducing poor outcomes.

  Tenant #3's service plan of 4-25-08 indicated staff have been trained on the use of a Hoyer for lifting the tenant. Program records indicated an in-service was held on the use of Hoyer lift for Tenant #3 with direct care staff attending. An outline was used and training was provided by a physical therapist.

- Regulatory Insufficiency: None noted.

F. 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 complaint investigation #15730 of 1-16-08, the program received a regulatory insufficiency related to not implementing dementia-specific training related to skills working with challenging tenants and techniques in simplifying cueing and redirection and for not consistently providing a minimum of six hours of dementia specific continuing education annually

- Monitoring Observation. Staff #6, #7, #8 and #9 gave examples of how to redirect and re-approach tenants with dementia. An in-service was conducted on skills, necessary to work with challenges tenants present, such as cueing and redirection. Staff #1, #3, #10, #11, #14 and #15 had completed six hours of dementia training.

- Regulatory Insufficiency: None noted.

G. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

During the course of the complaint investigation #15073, the program received a regulatory insufficiency related completing a criminal background, child abuse and dependent adult abuse check after a staff person was employed by the program and employing a staff person who had a record of founded child abuse, which warranted prohibition of employment.

- Monitoring Observation: Personnel records indicated Staff #12, was hired on 8-03-06, and had a possible hit on the criminal background check of 07-28-06. An evaluation from the Department of Human Services evaluation was not completed prior to employment.

- Regulatory Insufficiency: The program did not consistently complete criminal and dependent adult abuse checks of staff prior to employment. (135C.33(5))

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

- Monitoring Observation: The program did not consistently follow their Plan of Correction related to: evaluation of tenant with a change in health status, service plan updates with a change in health status and completing a nurse review with a change in health status.

- Regulatory Insufficiency: The program did not implement the Plan of Correction submitted. (26.2(6)(a))

Dated this 24th day of June, 2008