IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 17, 2008

Complaint Intake: #12590R3
#12594R3
#13835R2
#15431R

Christina Bricker, Divisional Director of Operations
Bickford Cottage Assisted Living
3500 Lower West Branch Road
Iowa City, IA 52245-4106

RE: I. Final Complaint Investigation Revisit Report – #12590R3, #12594R3, #13835R2 and #15431R
II. Immediate Sanction – Conditional Operation
III. Civil Penalty
IV. Hearings and Appeals
V. Conclusion

Dear Ms. Bricker:

I. Final Complaint Investigation & Revisit Report – Bickford Cottage, Iowa City, IA

Enclosed is the **Final Complaint Investigation Revisit Report** 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 Report notes the Regulatory Insufficiencies as defined in the areas of:** Evaluation of Tenant, Criteria for Exclusion of Tenant, Service Plan, Medications, Nurse Review, Staffing and Other.

DIA is accepting the programs Plan of Correction (POC) and Request for Reconsideration.

II. Immediate Sanction - Conditional Operation

As reflected in this 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 from the on-site monitoring visit of May 12, 13 & 14, 2008, Bickford Cottage's

Conditional Certificate, effective October 31, 2007, is being extended. The program will not be allowed to admit new tenants until such time as the restriction and/or Conditional Certificate is lifted by the Department. The program nurse will need to check the Medication Administration Records (MARs) daily in regard to catheterization of Tenant #10 and submit these to DIA on a weekly basis and the program will need to submit weekly MARs and medication reviews to DIA. The above sanctions are effective immediately based on the Department's determination pursuant to 231C.11 that an imminent danger exists for the tenants.

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 ten thousand ($10,000.00) 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

The Plan of Correction and Request for Reconsideration are accepted. The Conditional Certificate and above sanctions remain. DIA may 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 me at (515) 281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Christina Bricker, Director
Bickford Cottage Assisted Living
3500 Lower West Branch Road
Iowa City, IA 52245-4106

Complaint Intake #: **#12590R3**
#12594R3
#13835R2
#15431R

Date of Investigation:

May 12, 13 & 14, 2008

Monitor(s):

Hal Chase, RN BSN MPH
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 complaint investigation revisit on-site was conducted at Bickford Cottage Assisted Living – Iowa City, on May 12, 13, & 14, 2008. 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 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):	7
Current number of tenants without cognitive disorder:	16
Total Population:	23

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

Accreditation Status –Not applicable.

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Occupancy Agreement, Evaluation of Tenants, Criteria for Exclusion of Tenants, Tenant Documents, Service Plans, Medications, Nurse Review, Staffing, Managed Risk, Activities, Life Safety, Structural Requirements and Other.

The complaint investigation of July 17 & 18, 2007 resulted in a fine of $3,000.00.

The complaint investigation and revisit of October 3, 4 & 5, 2007 resulted in a $6,000.00 fine and sanctions including; a Conditional Certificate effective October 31, 2007 and a restriction on admissions.

The complaint investigation and revisit of January 8, 9, 10 & 11, 2008, resulted in: an extension of the Conditional Certificate, restriction of admissions, weekly reports to DIA in regard to the catheterization schedule of Tenant #10, weekly medication reviews submitted to DIA, Life Safety training for all staff, an outside entity to assess all doors for code compliance and submission of documentation to the State Fire Marshall's office and to DIA. A $10,000.00 civil penalty was also issued.

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]

The program received a regulatory insufficiency at the time of the January 2008 revisit and complaint investigation related to not consistently obtaining signed occupancy agreements for all tenants prior to taking occupancy.

Monitoring Observation: Tenant#14 was discharged on 2-2-08.

According to a program document, there have been no new admissions since the time of the January 2008 visit, as the program received a sanction restricting admissions. Therefore, a review of signed occupancy agreements, prior to admission, could not be completed.

- Regulatory Insufficiency: None noted.

B. 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)]

The program received a regulatory insufficiency at the time of the January 2008 revisit and complaint investigation in regard to not consistently evaluating Tenants #5, #7, #8, #13 and #14, functional and cognitive abilities and health status, within 30 days, as needed, and with a change in condition.

Monitoring Observation: Tenant #7 expired on 2-28-08 and Tenant #14 was discharged on 2-2-08.

Tenant #5, a 78 year old, was admitted on 8-5-07 and diagnoses include: Cerebral Palsy and Gastroesophageal Reflux Disease (GERD). The tenant had an order dated 4-22-08 for Anusol Cream with Hydrocortisone, for hemorrhoids. An order was dated 4-24-08 to remove the tenant's glasses an hour at a time, to apply Vaseline behind the left ear and to have the Tenant's eye glasses adjusted. Evaluations were not completed, as needed.

Tenant #8, a 93 year old, was admitted on 6-22-07 and diagnoses include: Dementia, Cerebrovascular Accident (CVA), Dementia, and Aortic Stenosis. The tenant was staged at a five-six on the Global Deterioration Scale (GDS), which indicated moderate to moderately severe cognitive impairment. Functional, cognitive and health evaluations were completed on 3-21-08 with a change in health status.

Tenant #13, an 87 year old, was admitted on 2-25-06 and diagnoses include: HTN, Dementia and Congestive Heart Failure (CHF). The tenant was staged at a five on the GDS, which indicated moderately severe cognitive impairment. Progress notes of 4-4-08 indicated the program notified the tenant's physician due to increased agitation and an increased urine odor. The physician ordered a urinalysis (UA) and culture and sensitivity (C & S) that day. On 4-5-08, Cipro, 250mg twice daily for five days, was ordered for a Urinary Tract Infection (UTI). The program completed a functional, cognitive and health

evaluation on 4-7-08, three days after the tenant had demonstrated a change in health status. Progress notes of 4-10-08 indicated the tenant's physician was contacted as the tenant had shown increased confusion over the last two days, needed increased redirection, reported a fall on 4-9-08 and was recently diagnosed with a UTI. Progress notes indicate the Nurse requested a follow up UA. The physician ordered a repeat UA and C&S. On 4-12-08 UA results were called into the tenant's physician and the tenant was started on Septra DS, twice daily for seven days. The program completed a functional, cognitive and health evaluation on 4-14-08, four days after the tenant had demonstrated a change in health status. Progress notes of 4-28-08 indicated an order for another UA was obtained. Progress notes of 4-29-08 indicated the UA results showed an "unresolved UTI." Progress notes of 4-30-08 indicated the tenant was incontinent of urine. Progress notes of 5-2-08 indicated the tenant was started on Nitrofurantin, 50 mg, three times daily for ten days. The program completed a functional, cognitive and health evaluation on 5-2-08, four days after the tenant demonstrated a change in health status. The program did not complete a functional, cognitive and health evaluation with a change in health status.

During the course of the investigation, the following information was obtained.

Tenant #10, a 93 year old, was admitted on 11-11-02 and diagnoses include: Atrial Tachycardia, Dementia, Detrussor Decompensation, Gilbert Syndrome, Glaucoma, Hypertension (HTN) and Vitamin B-12 Deficiency. The tenant received an order for Physical Therapy (PT) on 4-24-08 due to recent falls noted in progress notes of 4-24-08. Evaluations were not completed, as needed.

Tenant #19, an 89 year old, was admitted on 9-6-07 and diagnoses include: Alzheimer's Disease - possible, Anxiety, Arthritis, Delusions, HTN, Depression, Pain and Atrial Fibrillation. Evaluations were completed on 5-8-08; however, the health evaluation did not address the orthostatic blood pressure changes.

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

C. 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 investigation, the following information was obtained.

Monitoring Observation: Tenant #18, a 74 year old, was admitted on 7-11-06 and has diagnoses of: Dementia, HTN, Hypercholesterolemia and Psychosis. The tenant was admitted to Hospice on 4-29-08 with a diagnosis of Dementia. The tenant was staged at a six on the GDS, which indicated severe cognitive impairment. Progress notes of 4-28-08 through 5-12-08 indicated at least seven incidents of the tenant requiring a two person assist with transfers. Staff #5, #7 #14 & #16 stated the tenant was a two person transfer. Staff #3 stated some staff felt more comfortable using two staff to transfer the tenant. A monitor observed one unsuccessful attempt to transfer the tenant with one staff. A second attempt to transfer the tenant with two staff was unsuccessful as the tenant was

not participating in following directions. The Hospice Nurse (RN) stated she had not seen the tenant transfer. The tenant's physician was contacted on two separate occasions with no return phone call. The program did not exclude a tenant who required a routine two-person assist with transfer.

- Regulatory Insufficiency: The program did not consistently exclude a tenant who requires two-person assistance with standing, evacuation or transfer. (25.23(3))

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

The program received a regulatory insufficiency at the time of January 2008 revisit and complaint investigation related to not consistently developing service plans for tenants with a change in condition.

The program received a regulatory insufficiency at the time of the January 2008 revisit and complaint investigation related to not consistently developing service plans that were conducted in accordance with (25.23(1) and (25.23(2) and designed to meet the specific service needs of the individual tenant.

The program received a regulatory insufficiency at the time of the January 2008 revisit and complaint investigation related to not consistently developing service plans that meet the identified needs of the tenants.

The service plan Regulatory Insufficiencies related to Tenants #5, #7, #8, #10, #13 and #14.

Monitoring Observation: Tenant #7 expired on 2-28-08 and Tenant #14 was discharged on 2-2-08.

Tenant #5 had an order dated 4-22-08 for Anusol Cream with Hydrocortisone, for hemorrhoids. An order dated 4-24-08 indicated to remove the Tenant's glasses an hour a time, apply Vaseline behind the Tenant's left ear and have the Tenant's eye glasses adjusted. The service plan was not updated, as needed, and did not reflect the current and identified needs of the tenant.

Tenant #8's service plan was updated on 3-21-08 with a change in health status.

Tenant #10 received an order for PT on 4-24-08 due to recent falls noted in progress notes of 4-24-08. The service plan was not updated, as needed, and did not reflect the current and identified needs of the tenants.

Tenant #13's service plan of 4-7-08 was updated due to a change in health status but did not reflect the UTI diagnosis and antibiotic treatment on 4-4-08 and interventions related to the UTI. The program updated the service plan on 4-12-08 but did not obtain signatures of the tenant or the tenant's legal representative, the RN and two additional staff. The service plan was updated on 4-14-08, four days after the tenant presented a change in health status on 4-10-8 in relation to increased confusion, increased need for redirection, a fall and recently diagnosed UTI. The service plan was updated on 5-2-08,

four days after the tenant presented a change in health status related to an "unresolved UTI."

During the course of the investigation, the following information was obtained.

Tenant #18's health evaluation of 5-6-08 indicated the tenant was treated twice daily with a medicated powder due to reddened areas around the umbilicus, under the breasts and under abdominal folds. Progress notes of 4-28-08, 4-30-08 and 5-2-08 indicated the tenant was combative with transfers and personal cares. Progress notes of 5-6-08 indicated a nurse review was completed and Hospice provided the use of a floor pad in case the tenant fell or rolled out of bed. The service plan of 5-6-08 did not indicate interventions related to the tenant being combative with transfers and personal cares, did not identify the use of the floor pad when the tenant was in bed and did not indicate the use of medicated powder, twice daily, for reddened areas.

- Regulatory Insufficiency: The program did not consistently develop service plans for tenants, as needed, when a tenant needs personal care or health-related care. (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop service plans that meet the identified needs of the tenant. (25.28(4)a)

E. 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]

The program received a regulatory insufficiency at the time of January 2008 revisit and complaint investigation related to not consistently following an acceptable medication protocol in regard to Tenants #7, #8, #9, #10 and #14.

Monitoring Observation: Tenant #7 expired on 2-28-08, Tenant #9 expired on 3-11-08 and Tenant #14 was discharged on 2-2-08.

Interviews with Staff #3, #5, #7 and #14 indicated the medication tote was not left in the tenants' apartments.

A medication pass was observed and appropriate medication protocol was followed.

Tenant #8's MAR indicated appropriate documentation of leg elevation.

Tenant #10's MAR indicated appropriate documentation of blood pressure elevations. An order was received on 2-27-08, which indicated staff were only to notify the nurse for any diastolic elevations. The nurse was notified appropriately of any diastolic elevations.

Tenant #10's MARs indicated staff did not consistently catheterize the tenant when the tenant's output was equal to or greater than 500 ccs. The MAR failed to show the tenant was catheterized according to the physician order; however, the flow sheet, submitted to DIA, indicated the tenant was catheterized per the physician order. For example, on 5-2-08 at 1300 it is documented the tenant's output was 575ccs but there was no

documentation to indicate the tenant was catheterized within two hours, according to physician order. However, the flow sheet indicated the tenant was catheterized again at 1530 on 5-2-08.

During the course of the investigation, the following information was obtained.

Review of Tenant #19's MARs indicated the document for PRN medications for pain was not found. The tenant had a diagnosis of Chronic Pain.

Review of Tenant #20's MARs indicated, for February 2008, the Zolpidem, 10 mg tablet, take one tablet by mouth at bedtime, as needed, was not consistently or appropriately documented. For example, in the 2-1-08 box on the MAR, it was documented as 2-17-08 at 1900 a dose was administered; however, it was not signed on the back.

A review of Tenant #5's, April 2008, Treatment Sheets indicated there were no initials for Orthostatic Blood Pressures to be taken monthly or for a Wheelchair Cushion. Tenant #5's MARs for the month of March 2008 indicated there were no initials for Orthostatic Blood Pressures to be taken monthly.

Medication Audit sheets, which were required to be submitted weekly to DIA, were reviewed. They identified medication errors including medications not given and medications not documented. Medication errors were noted on the following weekly audit sheets: 3-3-08, 2-28-08, 2-27-08, 2-26-08, 2-13-08 and 1-18-08.

Review of current MARs indicated medications were not consistently documented or administered.

- 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)

F. 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]

The program had received a regulatory insufficiency at the time of the January 2008 revisit and complaint investigation related to not completing nurse review as needed with a change in condition for Tenants #5, #7, #8, #13 and #14.

Monitoring Observation: Tenant #7 expired on 2-28-08 and Tenant #14 was discharged on 2-2-08.

Tenant #5 had an order dated 4-22-08 for Anusol Cream with Hydrocortisone, for hemorrhoids. An order was dated 4-24-08 to remove the Tenant's glasses an hour a day, to apply Vaseline behind the left ear and to have the eye glasses adjusted. Nurse review was not completed, as needed.

Tenant #8 had nurse review completed appropriately.

Tenant #10 had an order for PT dated 4-24-08 due to recent falls noted in progress notes of 4-24-08. Nurse review was not completed as needed.

Tenant #13's nurse review of 4-7-08 was completed three days after the tenant demonstrated a change in health status. Nurse review of 4-14-08 and 5-2-08 were completed four days after the tenant had demonstrated a change in health status. The program did not complete a nurse review with a change in health status.

- Regulatory Insufficiency: The program did not consistently assess and document tenants' health related activities, as needed. (25.30(3))

G. 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 #13835R2: The program received a regulatory insufficiency related to not consistently provide sufficiently trained staff at all times to fully meet the identified needs of the tenants.

Monitoring Observation: Staff #8 and Staff #9 no longer work at the program.

Staff #3, #5, #7 indicated the nurse provided nurse delegated training. Staff #14 indicated another direct care staff provided training on Ted Hose and she received no training from the nurse.

Nurse delegation documents were reviewed and training was provided by the back up nurse, the Director and the current nurse. The nurse trained staff on medications, treatments, Ted Hose and catheter care. Nurse delegation training was not completed regarding Activities of Daily Living (ADLs) for Staff #3, #5, #7, #13, #14 and #15.

During the course of the investigation, the following information was obtained.

Tenant #18's service plan of 5-6-08 indicated the tenant was to be repositioned and toileted every two hours. A two hour repositioning and toileting flow sheet from 5-6-08 through 5-12-08 indicated the program did not consistently reposition or toilet the tenant, every two hours.

Tenant #19, an 89 year old, was admitted on 9-6-07 and has diagnoses of: Possible Alzheimer's Disease, Anxiety, Arthritis, Atrial Fibrillation, Delusions, Dementia, Depression, History of Hip Fracture, HTN and Pain. A Service plan of 5-8-08 indicated the tenant was to be toileted every two hours. A two-hour toileting flow sheet from 5-6-08 through 5-13-08 indicated the program did not consistently toilet the tenant every two hours.

Tenant #21, a 101 year old, was admitted on 6-16-07 and has diagnoses of: CHF, Dementia and HTN. A service plan of 4-15-08 indicated the tenant was to be

repositioned every two hours from the right to the left side, at night. A two-hour repositioning flow sheet from 4-18-08 through 5-13-08 indicated the program did not consistently reposition the tenant every two hours, at night.

- Regulatory Insufficiency: The program did not consistently provide sufficient trained staff available at all times to fully meet tenants' identified needs. (25.33(1))

Complaint Allegation #15431R: The program received a regulatory insufficiency at the time of January 2008 revisit and complaint investigation related to not consistently providing sufficient trained staff available at all times to fully meet tenants' identified needs.

Monitoring Observation: Staff #8 and Staff #9 no longer work at the program. Review of Tenant #13's file indicated the tenant had not eloped since the time of the last visit. A program document indicated there had been no elopements since the last visit. Tenant #13 wears a Home Free Watch.

Monitor Observation: An interview with Staff #10 indicated the RadioShack alarm was not on the Northeast door (by apartment #122). Staff #3, #5, #7 and #14 indicated they knew how to shut off the door alarms. Staff #7 and #14 indicated they had training on the door alarms. Program documents indicated Staff #3, #5, #7 and #14 had training on door alarms.

- Regulatory Insufficiency: None noted.

H. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

The program received a regulatory insufficiency at the time of January 2008 revisit and complaint investigation related to not following written emergency policies and procedures.

Monitoring Observation: Staff #8 and Staff #9 no longer work at the program.

An evacuation list was obtained and the evacuation list was current and accurate.

Staff #3, #5, #7 and #14 indicated they had been trained on fire safety. Staff #3, #5 and #7 indicated they knew there was an evacuation list and where the evacuation list was kept.

- Regulatory Insufficiency: None noted.

Complaint Allegation #15431R: The program received a regulatory insufficiency at the time of the January 2008 revisit and complaint investigation related to not having a free and unobstructed way to the exterior of the building and such a way shall be readily visible and identifiable from the point of discharge from the exit.

Monitoring Observation: Interviews with Staff #3, #5, #7 and #14 indicated furniture or objects did not block any exit doors.

- Regulatory Insufficiency: None noted.

The program received a regulatory insufficiency at the January 2008 revisit and complaint investigation related to approved, listed delayed egress locks being permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6 or an approved, supervised automatic sprinkler system in accordance with Section 9.7. (Reference sections for additional information)

Monitoring Observation: A document from an alarm company dated 3-5-08 indicated the six doors in the program were tested and found to be fully functional, per code requirements. A fire drill report dated 4-30-08 indicated one of the fire doors, outside apartment #137, did not shut automatically and lock by magnet. The document also stated the mag-lock outside of apartment #122 was red. Staff #10 indicated the mag-lock in the Northeast corner of the building by apartment #122 did not turn green and go to the open position. Staff #10 indicated the door was "ok" on previous drills and the wire was not making good contact all the time due to a termination screw that was tightened on the insulation of the wire. A fire drill report dated 5-12-08 indicates the fire door by apartment #137 needs adjusted, as the door did not close when direct care staff went through the door. It was noted the fire door did close properly when the initial alarm went off.

The monitors observed the exterior doors on 5-14-08. The exit doors all closed when they were swung open. The alarms functioned appropriately on each exit door.

The monitor observed, on 5-12-08, the exit door by apartment #137 did not catch after the door was swung open. The prop door alarm was functioning on the door.

Staff #10 documented weekly checks of the exit doors.

- Regulatory Insufficiency: None noted.

I. Exit Door Alarm System – A dementia-specific program shall have an operating alarm system connected to each exit door. [25.37(2)]

The program received a regulatory insufficiency at the time of the January 2008 revisit and complaint investigation related not consistently having an operating alarm system connected to each exit door in a dementia specific program.

Monitoring Observation: A document from an alarm company dated 3-5-08 indicated that the six doors in the program were tested and found to fully functional per code requirements. A fire drill report dated 4-30-08 indicated one of the fire doors did not shut automatically. According to the report, the door outside apartment #137 did not lock by the magnet. The document also stated the mag-lock outside of apartment #122 was red. Staff #10 indicated the mag-lock in the Northeast corner of the building by apartment #122 did not turn green and go to the open position. Staff #10 indicated the door was "ok" on previous drills and the wire was not making good contact all the time due to a termination screw being tightened on the insulation of the wire. A fire drill report dated 5-12-08, indicates the fire door by apartment #137 needs adjusted. The door did not

close when direct care staff went through the door. It was noted the fire door did close properly when the initial alarm went off.

The monitors observed the exterior doors on 5-14-08. The exit doors all closed when they were swung open. The alarms functioned appropriately on each exit door.

The monitor observed on 5-12-08 the exit door by apartment #137 did not catch after the door was swung open. The prop door alarm was functioning on the door.

Staff #10 documented weekly checks of the exit doors.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation #15431R: The program received a regulatory insufficiency at the time of the January 2008 revisit and complaint investigation related to not consistently assuring the dignity of the tenant.

Monitoring Observation: Tenant #17 was discharged on 1-7-08. Interviews with Staff #3, #5, #7 and #14 indicated staff had not made rude or inappropriate comments regarding tenants, including comments regarding food or eating.

The program received a regulatory insufficiency at the time of the January 2008 revisit an complaint investigation related to not consistently following the Plan of Correction (POC) submitted.

Monitoring Observation: Tenant file reviews, staff interviews, and monitors observations indicated the program did not consistently follow the written POC that was submitted on April 11, 2008 regarding the complaint investigation and revisits conducted on January 8, 9, 10 & 11, 2008.

- Regulatory Insufficiency: The program did not consistently follow the POC submitted to DIA in response to a previous complaint investigation. (26.2(6)a)

Dated this 17th day of July, 2008.