IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 30, 2008

Complaint Intake: #12590R4
#12594R4
#13835R3
#15431R2

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

RE: I. Final Complaint Investigation Revisit Report – #12590R4, #12594R4, #13835R3, #15431R2.
II. Standard Certification Operation
III. 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 no Regulatory Insufficiencies.**

II. Standard Certification Operation

As reflected in this Report, the program is currently in full compliance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25. A standard certificate is being issued effective immediately. The program's sanctions are discontinued and the program is allowed to admit new tenants.

III. Conclusion

The program has been issued a full certificate effective July 30, 2008 through November 30, 2008, which concludes the current certification period. The program's sanctions are discontinued and the program may admit new tenants.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Rose Boucella for

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 #: **#12590R4**
#12594R4
#13835R3
#15431R2

Date of Investigation:

July 21 & 22, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH
Stephanie Cummins, SW 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 July 21 & 22, 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 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 GDS:	6
Current number of tenants without cognitive disorder:	15
Total Population:	21

***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.

The complaint revisit conducted on May 12, 13 and 14, 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, 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. 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 in regards to Tenants #5, #10, #13 and #19 at the time of the May 2008 on-site, related to not consistently completing functional, cognitive and health evaluations, as needed, to determine the tenants continued eligibility for the program and to determine any modifications to needed to services.

Monitoring Observation: Tenant #18 was deceased on 5-31-08.

Tenant #5, a 79 year old, was admitted on 8-5-07 and diagnoses include: Cerebral Palsy and Gastroesophageal Reflux Disease (GERD). Evaluations were completed appropriately between 5-19-08 and 7-14-08.

Tenant #10, a 94 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 and Right Inguinal Hernia. Evaluations were completed appropriately between 6-5-08 and 7-11-08.

Tenant #13, an 87 year old, was admitted on 2-25-06 and has diagnoses of: HTN, Dementia and Congestive Heart Failure (CHF). The tenant was staged at five on the Global Deterioration Scale (GDS), indicating moderately severe cognitive impairment. The program completed functional, cognitive and health evaluations on 5-15-08 and 7-14-08 with a change in health status.

Tenant #19, an 89 year old, was admitted on 9-6-07 and has diagnoses of: Alzheimer's Disease-possibly, Anxiety, Arthritis, Delusions, HTN, Depression, Pain and Atrial Fibrillation. Evaluations were completed on 5-15-08 and 5-16-08 and included orthostatic blood pressure changes.

- Regulatory Insufficiency: None noted.

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]

The program received a regulatory insufficiency in regards to Tenant #18 at the time of the May 2008 on-site, related to retaining a tenant who required two-person assistance with standing, evacuation and transfer.

Monitoring Observation: Tenant #18 was deceased on 5-31-08. According to staff interviews with Staff #5 and #7, none of the current tenants exceeded occupancy and transfer 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]

The program received a regulatory insufficiency in regards to Tenants #5, #10, #13 and #18 at the time of the May 2008 on-site, related to not consistently developing service plans, as needed, with a change in health status and for not consistently developing service plans that meeting the identified needs of the tenant.

Monitoring Observation: Tenant #18 was deceased on 5-31-08.

Tenant #5's service plans were updated appropriately between 5-19-08 and 7-14-08 and reflected the identified needs of the tenant.

Tenant #10's service plans were updated appropriately between 6-5-08 and 7-11-08 and reflected the identified needs of the tenant.

Tenant #13's service plan was updated on 5-15-08, 7-7-08 and 7-14-08. Each service plan was updated with a change in health status and established interventions related to chronic Urinary Tract Infections (UTI) and symptoms presented by the tenant when UTIs may be beginning.

- Regulatory Insufficiency: None noted.

D. 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 the May 2008 visit. The administration of medications being 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).

Monitoring Observation: Review of Tenant #10's file indicated staff documented, on a flow sheet, when the tenant was catheterized. The flow sheets indicated the tenant was catheterized consistent with physician orders.

Review of Tenant #19's Medication Administration Record (MARs) indicated the tenant's son administered, as needed (PRN), medications for pain and these medications were not recorded by the program. The RN stated she would periodically ask the tenant if he/she had any pain, but the tenant denied having any pain.

Tenant #20's MARs were reviewed. According to a physician order dated 7-15-08, Zolpidem, 10 mg as needed, was reduced to Zolpidem, 5 mg as needed. The Zolpidem, 10 mg as needed, was not discontinued on the MAR and the Zolpidem, 5 mg as needed, was added to the MAR. On 7-18-08 at 2230 staff initialed for the 10 mg and 5 mg doses.

A review of records indicated Zolpidem, 10 mg, was sent back to the pharmacy on 7-15-08.

Tenant #5's MARs indicated appropriate documentation of the tenant's Orthostatic Blood Pressures and Wheelchair Cushion.

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 audit sheets: 6-25-08, 6-18-08, 6-9-08, 6-6-08, 5-23-08, 5-22-08 and 5-19-08. Retraining or re-education was completed in regard to the medication errors, according to the Medication Audit Sheets. The Medication Audit Sheets indicated all errors were documentation errors with the exception of Namenda not being given on 5-20-08. The tenant's physician was notified of the error, according to the report. The most recent medication error was noted on the 6-25-08 Medication Audit Sheet.

Two medication administration passes were observed and appropriate medication protocol was observed.

Review of current MARs indicated medications were consistently documented and administered.

- Regulatory Insufficiency: None noted.

E. 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 received a regulatory insufficiency in regard to Tenants #5, #10 and #13 at the time of the May 2008 on-site, related to not consistently assessing and documenting tenants' health related activities, as needed.

Monitoring Observation: Tenant #5 had nurse review completed, as needed.

Tenant #10 had nurse review completed, as needed.

Tenant #13 had nurse review completed, as needed.

- Regulatory Insufficiency: None noted.

F. 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 #13835R4: The program received a regulatory insufficiency related to not consistently providing sufficiently trained staff at all times to fully meet the identified needs of the tenants.

Monitoring Observation: Review of staff files indicated Staff #14 had documented training on Ted Hose, from the nurse. Review of staff files indicated Staff #3, #5, #7,

#13, #14, #15, #16 and #17 had documented training on Activities of Daily Living (ADLs), from the nurse.

A review of Tenant #19's file indicated the program no longer used flow sheets for documenting two-hour toileting. The Administrator stated the tenant did not need two hour checks due to an improvement in health status.

A review of Tenant #21's file indicated the tenant required two-hour repositioning and had a flow sheet that was documented appropriately to reflect the repositioning. The Plan of Correction dated 7-3-08, indicated the two-hour repositioning was discontinued as of 5-27-08. The tenant currently requires two-hour toileting checks and had a flow sheet that was documented appropriately to reflect the two-hour toileting.

- Regulatory Insufficiency: None noted.

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

The program had received a regulatory insufficiency related to not consistently following the Plan of Correction (POC) submitted to DIA in response to a previous complaint investigation.

Monitoring Observation: Tenant file reviews, staff interviews, and monitors' observations indicated the program consistently followed the Plan of Correction (POC) submitted.

- Regulatory Insufficiency: None noted.

Dated this 30th day of July, 2008.