IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

September 17, 2008

Complaint #19691

Ms. Beth Messinger, Administrator
Bickford Cottage Assisted Living
3301 Sterling Drive
Burlington, IA 52601-8660

RE: Final Complaint Investigation Report, Bickford Cottage, Burlington, IA

Dear Ms. Messinger:

Enclosed is the **Final Complaint Investigation 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. **No Regulatory Insufficiencies were identified.**

If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint Intake #: 19691

Ms. Beth Messinger, Administrator
Bickford Cottage Assisted Living
3301 Sterling Drive
Burlington, IA 52601-8660

Date of Investigation:

September 9, 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 September 9, 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:	39
Current number of tenants with cognitive disorder:	2
Total Population:	41

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	4
Current number of tenants without cognitive disorder:	3
Total Population:	7

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

Accreditation Status – N/A

Program History – There were substantiated Regulatory Insufficiencies this certification period in the areas of: Occupancy Agreement, Evaluation of Tenants, Service Plans, Nurse Review and Staffing.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. 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]

Complaint Allegation: It is alleged Tenant #1 is incontinent of urine and wanders in and out of other tenant's room at all times of the day and night.

Monitoring Observation: Tenant #1, a 91 year old, was admitted on 2-16-04 and has diagnoses of: Hypertension (HTN), Myocardial Infarction (MI) and Hypothyroidism. A cognitive evaluation was completed on 6-23-08, staging the tenant at a four on the Global Deterioration Scale (GDS), indicating moderate cognitive decline. The tenant resides in the general population program and is checked hourly. Service plan of 6-23-08 identified staff interventions related to wandering and incontinence. Staff #1, #2, and #3 did not identify the tenant as having unmanageable incontinence of urine and they all indicate the tenant participates in his/her toileting. Staff #1, #2 and #3 stated the tenant was checked hourly and there was an activity participation record for staff to use when the tenant wanders. Staff #1 stated the tenant will wander about the program and when this happens staff involves him/her in current activities and if this is not successful, staff will spend one on one time going through old greeting cards and the hometown newspaper. Staff #2 stated the tenant wanders but never goes outside. Staff will spend one on one time looking at birds in the aviary and looking through magazines and photographs. Staff #3 stated staff will spend one on one time sitting down with the tenant and finding things to do together.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation: It is alleged Tenant #2 sits in his/her room and does nothing. It is alleged Tenant #2 can't feel him/herself and needs more help than he/she is receiving from the program.

Monitoring Observation: Tenant #2, an 82 year old, was admitted on 11-3-06 and has diagnoses of: Chronic Obstructive Pulmonary Disease (COPD) and Chronic Polyps. A cognitive evaluation was completed on 8-27-08, staging the tenant at a six on the GDS, indicating severe cognitive decline. The tenant resides in the general population program and is checked hourly. A service plan of 8-27-08 shows interventions related to weight loss including the use of nutritional supplements and the serving of "finger foods and sandwiches." The service plan also includes interventions related to cognitive deficits and socialization including one on one social activity with the tenant. Staff #1, #2 and #3 stated the tenant was checked hourly and there was an activity participation record for staff to use when the tenant wanders. Staff #1, #2 and #3 stated staff assists the tenant with personal and health related cares and "at times" prompt the tenant to eat during meals. Staff #1 stated staff will have one on one activity four to five times daily with the tenant. Staff #2 stated staff will have one on one activities two to three times daily. Staff #3 stated the tenant will stay in his/her room "a lot" but staff will have one on one activities two to three times daily.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation: It is alleged the program's back door has not been locked in the past two months as there is something electronically wrong with it.

Monitoring Observation: Monitor's observed the door by the kitchen area. It has a key at the top of the door on the alarm mechanism. A monitor pushed the door and it released without delay. Maintenance staff stated program staff notified him on 8-15-08 the back door was not working correctly. An outside vendor was called to repair the door the same day. On 8-16-08 maintenance staff was notified the back door would not lock. On the same day an outside vendor tried to repair the locking mechanism but it was decided to replace the locking mechanism. Repair on the door is ongoing. The Administrator and Registered Nurse stated the door is locked from 10:30 p.m. through 7:00 a.m. and the two tenants with a GDS of four and greater and who have a history of wandering the program are checked hourly by staff. A monitor checked all of the doors in the dementia unit and remaining doors in the program and found them to work properly. The doors leading in and out of the general population are not required by regulation to be locked.

- Regulatory Insufficiency: None noted.

Dated this 17th day of September, 2008.