IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 8, 2008

Ms. Stacy Kiser-Willey, Director
Bickford Cottage of Muscatine
2807 Cedar St.
Muscatine, IA 52761-2276

RE: Recertification Monitoring Evaluation Report, Bickford Cottage of Muscatine, Muscatine, IA

Dear Ms. Kiser-Wiley:

The Department of Inspections and Appeals (DIA) has reviewed your Request for Reconsideration in response to the **Recertification Monitoring Evaluation Report** and denies the Request for Reconsideration as it relates to Structural Requirements. The Plan of Correction (POC) is accepted and the Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **October 1, 2008 through September 30, 2010**. If you have any questions regarding this certification, 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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Kathy Dye, Divisional Operations Specialist
Bickford Cottage of Muscatine
2807 Cedar St.
Muscatine, IA 52761-2276

Date of Monitoring Visit:

September 16 & 17, 2008

Monitor(s):

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 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 a Recertification 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:

An on-site monitoring evaluation was conducted at Bickford Cottage of Muscatine on September 16 & 17, 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:	31
Current number of tenants with cognitive disorder:	3
Total Population:	34

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:	6
Current number of tenants without cognitive disorder:	1
Total Population:	7

***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 with seven tenants was held. Tenants have no concerns with cleaning or maintenance; however, they requested the dining room be painted a lighter color due to vision problems. Tenants indicate the dining room and common areas are chilly and they feel help is needed at meals. Tenants state the food is good; however, the meat needs improvement. The meat is described as not being "real meat." Tenants request an increased variety of vegetables and fruits. The temperature and quantity of food is appropriate and they enjoy the choices offered at meals. One tenant had stockings missing from the laundry. Tenants described staff as fine, competent, nice and stated they go above and beyond. They also respond quickly when summoned. Tenants want improved maintenance of the courtyard areas. They also state staff need to welcome new tenants when they arrive at the program. Tenants state there are sufficient activities and they enjoy Bingo, music and outside entertainment. Tenants report there are routine fire drills and they feel safe. They make their own decisions and they feel like they have a lot of freedom. The tenants were satisfied with the program and would recommend it to others.

Program History – There were no substantiated Regulatory Insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(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]

Monitoring Observation: Four tenant files were reviewed.

Tenant #1, an 85 year old, was admitted on 1-10-08 and diagnoses include: Diabetes Mellitus Type II, Dementia, Anxiety, Depression, Osteoporosis, Failure to Thrive, Iron Deficiency Anemia and Hypertension (HTN). The tenant is staged at a four on the Global Deterioration Scale (GDS), which indicates moderate cognitive impairment. The tenant moved to the dementia unit on 7-3-08. An addendum to the occupancy agreement was not completed regarding the transfer from the general population to the dementia unit. The Resident Billing Change Form did not indicate a rent increase or decrease occurred with the move to the dementia unit. The occupancy agreement did not include a description of all fees and basic services.

Tenant #2, an 89 year old was admitted on 12-9-03 and diagnoses include: Chronic Obstructive Pulmonary Disease (COPD), HTN, Alzheimer's Disease, Depression, Anemia, Renal Failure, Seizure Disorder, Gastroesophageal Reflux Disease (GERD), Constipation and Hip Fracture. The tenant is staged at a five on the GDS, which indicates moderately severe cognitive impairment. The tenant moved to the dementia unit on 1-1-08. A rate agreement document was signed by the program staff; however, was not signed by the tenant or tenant's legal representative. The signature line titled, responsible party, states "phone conversation." The tenant or tenant's legal representative did not sign the occupancy agreement.

Tenant #3, a 95 year old, was admitted on 8-18-08 and diagnoses include: HTN, Abdominal Aortic Aneurysm (AAA), Orthostatic Hypotension, Vascular Dementia, Hyperlipidemia, Hypothyroidism, Edema, Spinal Stenosis, Chronic Rhinitis, GERD and Esophagitis. The tenant is staged at a five on the GDS, which indicates moderately severe cognitive impairment. The tenant moved to the dementia unit on 9-11-08. An addendum regarding the date and transfer to the unit was not completed when the tenant moved to the dementia unit. According to the Resident Billing Change Form, the tenant is still paying the original rate per the agreement until 10-1-08. The occupancy agreement did not include a description of all fees and basic services.

- Regulatory Insufficiency: The program did not consistently enter into an occupancy agreement that clearly describes the rights and responsibilities of the tenant and of the program. (25.22(1))

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)]

Monitoring Observation: Four tenant files were reviewed.

Tenant #1 had health and cognitive evaluations updated on 7-17-08 due to an open area on the tenant's coccyx; however, a functional evaluation was not completed. The tenant

was admitted to Hospice on 8-15-08 and a functional evaluation was not completed. Progress notes from 7-29-08 to 8-13-08 stated the tenant had a fall, had increased confusion, had blood in his/her underwear and had black tar stools. The health evaluations from 7-3-08 to 8-15-08 reflect an 11 pound weight loss. Evaluations were not completed, as needed.

Tenant #2, had two falls or was found on the ground on 8-15-08 and was taken to Emergency Room (ER) for each of these incidents. Progress notes from 8-15-08 to 8-26-08 indicated increased pain and decreased ambulation. A health evaluation was completed on 8-15-08. Evaluations were not completed, as needed. The tenant was diagnosed with a fractured Pelvis on 9-3-08. Physical Therapy (PT) was ordered on 9-5-08. Evaluations were not completed until 9-15-08 following increased pain, decreased ambulation and the initiation of PT. Evaluations were not completed, as needed.

Tenant #3, had changes including; an order for thigh high Ted hose, monitoring of blood pressure two times per week, monitoring of orthostatic blood pressures weekly and a urinary tract infection with a need for increased fluids. Health and cognitive evaluations were completed on 8-20-08, 8-22-08, 8-27-08 and 9-2-08; however, functional evaluations were not completed at these intervals.

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

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

Monitoring Observation: Four tenant files were reviewed.

Tenant #1 had evaluations updated on 7-17-08 due to open area on the tenant's coccyx and on 8-15-08 when admitted to Hospice; however, functional evaluations were not completed. The tenant's service plans were updated on 7-17-08 and 8-15-08; however, the service plan updates were not based on functional evaluations. On 8-15-08 the service plan was updated to reflect Hospice services; however, the service plan only stated the tenant was admitted to Hospice services. It did not address specific services provided by Hospice. Progress notes from 7-29-08 to 8-13-08 stated the tenant had a fall, had increased confusion, had blood in his/her underwear and had black tar stools. The health evaluations from 7-3-08 to 8-15-08 reflected an 11 pound weight loss. The service plan was not updated, as needed.

Tenant #2, had two falls or was found on the ground on 8-15-08 and was taken to the ER for each of these incidents. Progress notes from 8-15-08 to 8-26-08 indicated increased pain and decreased ambulation. The tenant was diagnosed with a fractured Pelvis on 9-3-08 and PT was ordered on 9-5-08. The service plan was not updated following the increased pain, decreased ambulation and addition of PT, until 9-15-08. The service plan was not updated, as needed, and did not reflect PT services.

Tenant #3, had changes including; an order for thigh high Ted hose, monitoring of blood pressure two times per week, monitoring of orthostatic blood pressures weekly and a

urinary tract infection with a need for increased fluids. Health and cognitive evaluations were completed on 8-20-08, 8-22-08, 8-27-08 and 9-2-08; however, functional evaluations were not completed at these intervals. The service plan was updated on 9-11-08; however, did not address falls.

- Regulatory Insufficiency: The program did not, when the tenant needs personal care or health-related care, update the service plan as needed, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of 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 consistently develop a service plan for each tenant based on evaluations conducted in accordance with 25.23(1) and 25.23(2). (25.28(1))

- Regulatory Insufficiency: The program did not consistently develop a service plan that identified service providers if other than the program. (25.28(4)c))

D. 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]

Monitoring Observation: Review of staff files indicated Staff #5 and Staff #6 did not have documented nurse delegated training. Staff #5 was hired on 8-28-08. Staff #6, a Certified Nurses Aide (CNA), was hired on 8-20-08. Administrative staff indicated Staff #5 worked a total of 32 hours all of which occurred with training side by side with another employee. Staff #5 did not administer medications. Administrative staff indicated Staff #6 worked a total of 52 hours all side by side training with another employee. Staff #6 had worked 32 hours by herself on third shift. Staff #6 did not administer medications. Staff #5 and Staff #6 worked evening and night shifts and the nurse had not been able to complete delegation training with the employees.

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

E. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

Monitoring Observation: A tour of the dementia unit revealed an exposed steam table located in the open kitchen area. The steam table is used daily and is turned on at least 20 minutes prior to meal time. The dementia unit is staffed with one staff person at all times. The program has not had any reported negative incidents or outcomes related to the steam table.

- Regulatory Insufficiency: The program did not consistently provide buildings and grounds that are well-maintained, clean, safe and sanitary. (25.40(1)b)

Dated this 8th day of December, 2008.