IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 18, 2008

**Complaint Intake: #20436-C**

Ms. Bonnie Smith, Director
Bickford Cottage Assisted Living
1100 Linden Drive
Marion, IA 52302-7714

**RE: I. Final 3rd Recertification Revisit & Complaint Investigation Report – #20436-C**
**II. Standard Certification Operation**
**III. Conclusion**

Dear Ms. Smith:

**I. Final 3rd Recertification Revisit & Complaint Investigation Report – Bickford Cottage, Marion, IA**

Enclosed is the **Final 3rd Recertification Revisit & 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. **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 November 18, 2008 through January 31, 2010, 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,

*Ann Martin*

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

# Iowa Department of Inspections and Appeals
# Assisted Living Program
# Final 3rd Recertification Revisit & Complaint Investigation Report

**Assisted Living Program:** **Complaint Intake #:** 20436-C

Ms. Bonnie Smith, Director
Bickford Cottage Assisted Living
1100 Linden Drive
Marion, IA 52302-7714

**Date of Investigation:**

November 5, 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 – Marion on November 5, 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: | 10 |
| Current number of tenants with cognitive disorder: | 8 |
| Total Population: | 18 |

***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: | 5 |
| Current number of tenants without cognitive disorder: | 1 |
| Total Population: | 6 |

***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 in the areas of: Evaluation of Tenants, Criteria for Exclusion of Tenants, Service Plans, Medications, Nurse Review and Other this certification period.

The November 13, 2007 Recertification Monitoring visit resulted in issuance of a Conditional Certificate, the program's Director and Registered Nurse being required to attend management training, 30 day nurse reviews being completed by the program and documentation of nurse delegation with any new staff. The program was also required to pay a civil penalty of $1,500.00. Regulatory Insufficiencies were noted in the areas of: Occupancy Agreement, Evaluation of Tenants, Tenant Documents, Service Plans, Nurse Review, Staffing, Dementia-Specific Education for Program Personnel and Other – Plan of Correction.

The April 8, 2008 Recertification Monitoring Revisit resulted in continuance of a Conditional Certificate, submission of documentation of the program's Director and Registered Nurse having enrolled and/or attended management training, 30 day nurse reviews being completed by the program and submitted to DIA and documentation of nurse delegation with any new staff being submitted to DIA. The program was also required to pay a civil penalty of $4,000.00. Regulatory Insufficiencies were noted in the areas of: Evaluation of Tenants, Service Plans, Medications and Other – Plan of Correction.

The August 6, 2008 2nd Recertification Revisit resulted in a Conditional Certificate, inability of the program to admit new tenants, submission of documentation of the program's Director and

Registered Nurse having enrolled and/or attended management training, 30 day nurse reviews being completed by the program and submitted to DIA and documentation of nurse delegation with any new staff being submitted to DIA. The program was also required to pay a civil penalty of $10,000.00. Regulatory Insufficiencies were noted in the areas of: Evaluation of Tenants, Criteria for Exclusion of Tenants, Service Plans, Nurse Review and Other.

**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 at the time of the August 2008 visit, regarding Tenants # 5 and #9 related to not consistently completing cognitive, health and functional evaluations, as needed, with a change in the tenant's condition.

Monitoring Observation: Tenant #9 was discharged on 10-31-08. Tenant #5 had cognitive, health and functional evaluations completed appropriately.

- 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 at the time of the August 2008 visit, in regard to not excluding Tenants #17 and #18, who are a danger a to self or other tenants or staff, including but not limited to, a tenant: (1) Despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression or (2) Displays behavior that places another at risk.

Monitoring Observation: Tenant #17 was discharged on 9-10-08. Tenant #18 was discharged on 8-20-08. Staff #2, #4 and #6 stated there were no other tenants who exceeded 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]

The program received regulatory insufficiencies at the time of the August 2008 visit, regarding Tenants #5 and #18 not consistently having update service plans, 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 the 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. The program also did not consistently individualize the service plan and did not indicate, at a minimum; the tenant's identified needs and the tenant's request for assistance and expected outcomes and did not identify any services and care to be provided pursuant to the occupancy agreement with a the tenant and the service providers if other than the program. 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).

Monitoring Observation: Tenant #18 was discharged 8-20-08. Tenant #5 had service plans based on evaluations, the service plans were updated appropriately and the service plans reflected the needs of the tenant.

Tenant #8 had service plans updated appropriately and that reflected the needs of the tenant.

- Regulatory Insufficiency: None noted.

**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]

The program received a regulatory insufficiency at the time of the August 2008 visit regarding Tenants #5, #8 and #18 related to not consistently ensuring that health care professionals' orders for tenants receiving health care or professional-directed care from the program were current.

Monitoring Observation: Tenant #18 was discharged on 8-20-08. Tenant #5 had physician orders noted appropriately. Tenant #8 had nurse reviews completed, as needed as shown by the tenant's physician being notified of the tenant refusing medications on 9-29-08.

- Regulatory Insufficiency: None noted.

**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]

Complaint Allegation: It is alleged staff are involved in illegal drug activities.

Monitoring Observation: A community meeting was held with 17 tenants in attendance. Tenants state staff do not act inappropriately or suspicious at work and they do not have any concerns with the use of alcohol or illegal drugs. Tenants state they also have not heard staff discuss the use of illegal drugs. Tenants feel safe and describe staff as nice and friendly.

The Director states that on the morning of 6-20-08, Staff #3 called and said she found something in the building that might be illegal. The Director states she arrived at the building at 7:20 a.m. and put the substance in an envelope and called the local police. The Police arrived shortly after 8:00 a.m., reviewed the material/substance that was found and stated they would investigate the incident. During the months of July, 2008 through October, 2008 a detective from the Police Department kept in contact with the Director regarding the case. The Director states the detective informed her that the police did not find enough evidence to determine where the substance came from and what staff may have been involved and, therefore, the case was going to be closed. A public release from the Police Department indicated the incident occurred on 6-20-08 at approximately 7:20 a.m. and the property seized included a small plastic bag containing a substance believed to be Methamphetamine.

Staff #2, #4, and #6 state there are no issues related to missing narcotics or tenant medications; staff have not acted inappropriately or suspicious while at work; staff do not know of anyone taking illegal drugs during working hours or outside of work and staff have not heard any staff discuss the use of illegal drugs during working hours.

A monitor reviewed current narcotic count sheets and Medication Administration Records (MARs) for November 2008 and did not find any errors or discrepancies in narcotic counts.

Staff #2, #4, #6, #7, #8 and #9 have signed and acknowledged receipt of the employee handbook which discusses the violation of working under the influence of or consuming on the premises, any controlled substances, alcohol or illegal drugs and that this can result in immediate termination of an employee.

Complaint Allegation: It is alleged staff discuss confidential information in public settings.

Monitoring Observation: A community meeting was held with 17 tenants in attendance. Tenants state they have not heard staff discuss tenant's health information in a public setting, without permission. Staff #2, #4 and #6 state they have not heard of staff discussing personal care issues or health status in a public setting.

Staff #2, #4, #6, #7, #8 and #9 have signed employee confidentiality forms related to tenant records and information.

- 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 received a regulatory insufficiency at the time of the August 2008 visit in regard to not fully implementing the Plan of Correction submitted.

Monitoring Observation: The program's plan of correction submitted on 9-23-08 was fully implemented.

- Regulatory Insufficiency: None noted.

Dated this 18th day of November, 2008.