IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 30, 2009

Complaint: #23677-C

Heidi Garton, Administrator
Bickford Cottage Assisted Living
5050 Hawthorne Drive
West Des Moines, IA 50265-5353

RE: Complaint Investigation Report, Bickford Cottage Assisted Living, West Des Moines, IA

Dear Ms. Garton:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation Report dated June 9, 2009 Based on the information provided, DIA accepts the POC. No further action on the part of the program is necessary

We appreciate your prompt action in correcting the Regulatory Insufficiency If you have questions, please contact me at 515-281-5003

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau
Connie.Schaffer@dia.iowa.gov

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

Assisted Living Program: **Complaint Intake #:** 23677-C

Heidi Garton, Administrator
Bickford Cottage Assisted Living
5050 Hawthorne Drive
West Des Moines, IA 50265-5353

Date of Investigation:

June 9, 2009

Monitor(s):

Hal L. Chase, RN BSN MPH

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 June 9, 2009. 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:	25
Current number of tenants with cognitive disorder:	2
Total Population of GPP:	27

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	7
Total Census of ALP:	34

***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 have been substantiated Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Criteria of Exclusion of Tenants, Service Plan, Medications, Nurse Review, Staffing and Record Checks during this certification period.

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

A. 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 #1's bed alarm may not have been on every night.

- Monitoring Observation: Tenant #1, an 83 year old, was admitted on 4-1-08 and had diagnoses of: Senile Dementia, Depression, Hypertension, Hypothyroidism and Chronic Ischemia. A cognitive evaluation completed on 4-6-09 staged the tenant at five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Progress notes of 4-6-09 indicated due to falls the nurse and family decided to place a bed alarm on the tenant's bed. The bed alarm was to alert staff when the tenant was attempting to get up at night in order to prevent further falls. Service plan of 4-6-09 indicated a bed alarm was placed on the tenant's bed at night for safety. Staff #1 stated the bed alarm was used nightly and when the tenant napped. Staff #2 stated the tenant had a bed alarm and staff were told to use it when the tenant went to bed. The bed alarm was always activated when the tenant was in bed. The nurse stated the bed alarm was used to alert staff the tenant was trying to get out of bed. Staff responded when the alarm went off by checking on the tenant and determining what the tenant needed.

Complaint Allegation: It is alleged Tenant #1's apartment was "filthy", the bed sheets were wet and the bathroom floor was sticky from urine and phlegm. The tenant's toilet and walker were often smeared with feces and the tenant's hands and finger nails were "filthy " The tenant was incontinent and would have accidents on the carpet. The carpet needed replaced; family asked to have it replaced but the carpet was not replaced. The tenant's mattress and box springs were stained with urine and had to be disposed of.

- Monitoring Observation: Tenant #1's progress notes of 4-6-09 indicated staff were to make the tenant's bed daily and the tenant's family would do the tenant's laundry Service plan of 3-17-09 indicated the tenant was independent with making his/her bed. The service plan was updated on 4-6-09 and indicated staff were to make the tenant's bed daily Service plan of both dates indicated the tenant needed daily assistance with a.m. and p.m. cares. These cares included daily assistance with dressing and verbal prompts with activities of daily living (ADLs), staff assistance for toileting after meals and at bedtime and overnight. Progress notes of 1-25-09 through 3-25-09 indicated episodes of incontinence of bowel and bladder and occasional spitting in the tenant's apartment and the hallway adjacent to the tenant's apartment. Progress notes of the same dates indicated staff cleaned the tenant's bathroom and apartment floor when incontinent episodes occurred.

  Staff #1 stated the tenant's apartment needed to be cleaned daily as the tenant urinated on the floor throughout the day The tenant was afraid of sitting down and of falling down. The tenant's bathroom was cleaned every shift. The tenant would also spit everywhere and on other tenant's personal property Parts of the tenant's carpet and the program's hallway and common areas were cleaned daily Staff #2 stated she didn't know the tenant was incontinent but stated the tenant would urinate and defecate on the apartment floor and bathroom floor. The tenant would ask or tell staff if he/she had to toilet. The tenant's bathroom needed to be cleaned during the day and evening related to the tenant's spitting. The tenant would use the toilet,

would miss and the bathroom floor would be sticky with urine. Staff would then clean the bathroom. The tenant's fingernails were dirty because the tenant would pick at his/her "personal area" (referring to the tenant's perineal area.) Staff would occasionally clean the tenant's walker because it was sticky and dirty

Maintenance Staff #3 stated there was no schedule for cleaning carpets. Cleaning the carpets depends on the health status of each tenant and if the carpet was soiled. If there were concerns regarding soiled carpets, she would clean the carpet the same day Tenant #1's carpet was cleaned daily as the tenant was incontinent of urine and soiled the carpet daily. The tenant constantly spit and the tenant's bathroom and the Dementia Unit's hallway and common areas would have to be cleaned daily. Night staff often cleaned the Dementia Unit nightly.

Housekeeping Staff #4 stated tenants' apartments are scheduled to be cleaned weekly If an accident occurs in a tenant's apartment, housekeeping staff or care staff would take care of it. Tenant #1 was incontinent constantly and staff cleaned the tenant's bathroom daily The tenant's carpet adjacent to the tenant's bed would be cleaned daily because the tenant urinated off the side of the bed, by his/her sink in the bathroom and by the toilet.

- Regulatory Insufficiency: None noted.

B. 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]

Complaint Allegation: It is alleged Tenant #1 had a new order for medication and the family asked the program to not give the medication until another family member gave their approval. The program administered the medication despite possible adverse reaction to taking the medication.

- Monitoring Observation: Tenant #1's physician ordered Namenda 10mg to be given daily Progress notes of 2-16-09 indicated the order was discontinued at the request of family Program records indicated a local pharmacy received the order on 2-16-09 and sent out thirteen pills on 2-16-09 Pharmacy received twelve pills from the program on 2-17-09 Program records indicated staff administering medications on 2-16-09 did not recall any new medication given to the tenant. Medication Administration Records (MARs) for February 2009 indicated the Namenda order was not recorded on the MAR as an order and or given to the tenant. March 2009 MARs indicated the order was transcribed by the pharmacy but the entry was discontinued by the program and the medication was not recorded as given. No other explanation was given by the program as to one missing 10mg tablet of Namenda. Program files indicated the pharmacy sent out a "full card" of Namenda for March 2009 but received the full card back on 3-5-09 and the tenant's insurance company was credited for the charge.

Complaint Allegation: It is alleged physician orders for Tenant #1 were not followed. Daily treatments for foot care were not given as staff indicated the tenant was combative when treatments were given.

Monitoring Observation: Tenant #1's MARs for February 2009 indicated a physician order to place cotton fluff between the first and second toes of the left foot, cotton to be applied to the first and second toe of the left foot and foam toe spacers between the first and second toe of the right foot. This order continued through 5-10-09 when the tenant was discharged from the program. February through May 2009 MARs indicated staff charted this treatment as completed or charted as refused – with explanation for refusal on at least 15 times from 2-1-09 through 5-10-09

A physician's order of 3-16-09 indicated Betadine solution and a band-aid be applied to the medial aspect of the second toe on the left foot. MARs for March 2009 indicated staff charted this treatment as completed or charted as refused, with explanation for refusal on at least 10 times from 3-16-09 through 3-24-09 A physician's order of 3-25-09, indicated Accomodasive pad with polysporin was to be applied to the first and second toe of the left foot and hold in pace with a band-aid twice daily. MARs for March through 4-16-09, indicated staff charted this treatment as completed or charted as refused – with explanation for refusal on at least 18 times from 3-25-09 through 4-16-09 MARs for April 2009 indicated this order was discontinued on 4-17-09 Staff #1 stated the tenant would often refuse foot care as he/she was sensitive about having his/her feet touched. Staff #2 stated the tenant did not like having his/her feet touched and would occasionally refuse foot care.

- Regulatory Insufficiency: None noted.

C. 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]

Complaint Allegation: It is alleged Tenant #1 had unexplained bruises on his/her hands and arms. It is alleged several tenants in the Dementia Unit had bruises.

- Monitoring Observation: Incident report log of 3-6-09 through 5-3-09 indicated at least five reports of falls by tenants in the Dementia Unit. Tenant #1 had one fall, Tenant #2 had three falls and Tenant #3 one fall. An incident report of 4-4-09 indicated Tenant #1 was found on the floor by staff with no injury reported. The nurse completed a nurse review on 4-6-09 and indicated no injuries. Tenant #1's progress notes of 1-24-09 through 4-4-09 indicated staff found the tenant on the floor at least twice with no apparent injuries. The tenant's service plan of 3-17-09 and 4-6-09 indicated the tenant needed assistance with ambulation and used a walker and staff were to escort to meals. Service plan of 4-6-09, indicated staff were to provide stand-by assistance with ambulation as needed when the tenant complained of being dizzy.

  Staff #1 stated Tenant #1 was not prone to falls and never noticed any bruises on the tenant. The tenant could not see well and would bump into things with his/her walker The tenant was afraid of sitting down and of falling. Staff #1 stated Tenant's #2 and #3 have had falls and sustained bruises. Staff #2 stated Tenant #3 had an eight-inch diameter bruise on his/her left hip sometime toward the end of May 2009 Staff #2 stated she reported the bruise to another staff person. The nurse, in a written statement indicated staff had not reported to her of any unexplained bruising on

tenants residing in the general population program or Dementia Unit. During her evaluations, she has not seen any unexplained bruising of tenants.

- Regulatory Insufficiency: None noted.

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]

Complaint Allegation: It is alleged new staff working in the Dementia Unit, did not seem to have any training. The program is short of staff and uses "pool" staff and many times no one showed up. It is alleged there was one instance where a "pool" nurse was on duty but was not able to administer Tenant #1's asthma medication. It is alleged a "cleaning lady" was providing cares in the Dementia Unit.

- Monitoring Observation: Six staff files were reviewed for staff working in the Dementia Unit. The files indicated each staff had training from the nurse. Staff demonstrated their competency to the nurse on personal and health related cares. Staff #1 stated the program has not used "pool" staff in the last six months and has not used "pool" staff in the Dementia Unit. Staff #2 stated the program did not use pool staff in the Dementia Unit. The Administrator, in a written statement, indicated the program did not assign a staff agency (pool) in the Dementia Unit. Program schedules for April, May and June 2009 indicated a medication manager was available to administer medications for all three shifts.

- Regulatory Insufficiency: None noted.

E. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

Complaint Allegation: It is alleged new staff that work in the Dementia Unit did not seem to have any training.

- Monitoring Observation: Six staff files; staff who work in the Dementia Unit were reviewed indicated each had completed six hours of dementia training within the last twelve months.

- Regulatory Insufficiency: None noted.

F. 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.

Complaint Allegation: It is alleged a tenant in the Dementia Unit poured water into a toaster that was plugged in.

- Monitoring Observation: A monitor observed a toaster was plugged in and setting on the counter in the Dementia Unit. The nurse stated the kitchen is left unattended when staff are assisting tenants with cares. Staff #1 stated appliances, including the toaster have been left in the open and on the counter in the kitchen. Staff #2 stated

she was not aware of any tenant pouring water over or in the toaster but had seen a tenant "messing" with the toaster.

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

- Monitoring Observation: A monitor observed a steam table had been placed in the Dementia Unit. The unit had water in each compartment and the unit was plugged in. Compartment covers had been placed over each compartment and plastic cutting boards had been placed over the compartment covers. Staff #1 stated the steam table is turned on one-half hour before a meal is served. Kitchen staff bring food and will place it in the steam table. Each could easily be removed, exposing the water to tenants. At 11.30 a.m. the unit was on and the temperature of the water was 137 degrees Fahrenheit. At 12:30 p.m. the water was checked again and the temperature was 145 degrees Fahrenheit.

  A monitor observed in the Dementia Unit courtyard, a dome grate over a opening in the ground which was roughly 3 feet in diameter and roughly 5 feet deep. The grate is not securely fastened to the opening and can be removed.

- Regulatory Insufficiency: The program did not provide a well-maintained, clean and safe building and grounds. (25 40 (1))

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

Complaint Allegation: It is alleged family had constant billing problems with the program.

- Monitoring Observation: Iowa Administrative Code (IAC) Chapter 25 for Assisted Living programs does not have regulations related to billing problems.

Complaint Allegation: It is alleged a staff person came into Tenant #1's apartment and told the tenant needed to get off the phone. The tenant became confused and upset.

- Monitoring Observation: Tenant #1's file did not indicate staff had been inappropriate toward the tenant. Incident reports of 3-4-09 through 5-30-09 did not indicate any inappropriate actions from staff toward tenants. Staff #1 and #2 did not indicate staff had been verbally inappropriate toward tenants.

- Regulatory Insufficiency: None noted.

Dated this 30th day of July, 2009