IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

DEAN A. LERNER, DIRECTOR

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

October 6, 2009

Complaint #24807-C

Ms. Kathy Dye, Interim Administrator
Bickford Cottage of Marshalltown
101 Newcastle Road
Marshalltown, IA 50158

RE: Final Complaint Investigation Report, Bickford Cottage of Marshalltown

Dear Ms. Dye:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) in response to the Complaint Investigation Report dated September 21, 2009. Based on the information provided, DIA accepts the POC. No further action on the part of the program is necessary. The Final Report is enclosed for your information.

We appreciate your prompt action in correcting the Regulatory Insufficiency. If you have questions, please contact me at 515-281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

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

Assisted Living Program:

Complaint Intake #: 24807-C

Kathy Dye, Interim Administrator
Bickford Cottage of Marshalltown
101 Newcastle Road
Marshalltown, IA 50158

Date of Investigation:

September 1 & 2, 2009

Monitor(s):

Michael Streepy, RN

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 of Marshalltown on September 1 & 2, 2009. 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 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 Global Deterioration Scale (GDS):	9
Current number of tenants without cognitive disorder:	19
Total Population:	28

***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 no substantiated Regulatory Insufficiencies during this certification period.

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 a tenant having dementia is left to sit in diarrhea all the time, smells, has feces under his/her fingernails, is unable to keep him/herself clean or change Depends as often as he/she should.

- Monitoring Observation: Observation of all tenants in the program during the course of the investigation revealed none of the tenants to be incontinent or to have soiled or unkept appearances. Interviews with Staff #3 and #5 indicated none of the tenants to be classified as presenting unmanageable incontinence.

- 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 the program nurse was forging the former Administrator's signature on service plans, calls tenants names and says things like "get your butt" to the dining room.

- Monitoring Observation: Interviews with the Interim Director of the program and the nurse revealed no evidence to support the allegation of forgery of signatures on service plans. The Interim Director stated the nurse gives her a list of service plans that need signature and she signs them. The nurse denied ever forging the former Administrator's signature on service plans or other documents.

  The nurse stated she had never called tenants names with the exception of nicknames like Doc for one of the tenants who had been a doctor. The nurse stated she did not recall ever telling any of the tenants to get your butt to the dining room but can't say she hadn't either while joking around with tenants but never said anything to any tenant who was not cognitively intact. The nurse stated someone may have over heard this joking around and taken it out of context.

  A community meeting was held with 8 tenants. The tenants stated the nurse is a good nurse and has not spoken to anyone in a rude or inappropriate manner.

  During interviews with staff the nurse was characterized as being really good with the tenants.

- Regulatory Insufficiency: None noted.

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

Complaint Allegation: It is alleged the whole building is a mess with food debris smashed into carpeting, urine odors and furniture soiled and soaked with urine.

- Monitoring Observation: During the course of the investigation observations were made repeatedly throughout the program. Lounges were found to be clean and neat; furniture was not soiled and no odors were found. Carpets in the corridors and dining rooms were clean and the Interim Director stated the carpeting in the dining room is scheduled to be replaced.

- Regulatory Insufficiency: None noted.

During the course of the investigation the following information was obtained.

- Monitoring Observation: Tenant #1, a 97 year old, was admitted to the program on 02-20-09 with diagnoses including: Dementia, Congestive Heart Failure, Urinary Tract Infection, Aortic Stenosis and Hypertension. The tenant had scored a four on the Global Deterioration Scale indicating moderate cognitive impairment. The tenant had refused to get up or come to the lunch meal on 08-10-09. The tenant's refusal had not been honored and the nurse had directed and assisted staff to get the tenant up and brought to the program's private dining room. Staff #1 and #2 confirmed during interview that the tenant's refusal had not been honored.

- Regulatory Insufficiency: The program failed to establish standards that allow flexibility in design which promotes a social model of service delivery by focusing on independence, individual needs and desires. (231C.1(2)b)

Dated this 6th day of October, 2009.