IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 4, 2009

Complaint #24619-C
#24367-C

Bonnie Smith, Director
Bickford Cottage
1100 Linden Drive
Marion, IA 52302-7714

RE: Complaint Investigation Report, Bickford Cottage, Marion, IA

Dear Ms. Smith:

Enclosed is the **Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) 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:

Bonnie Smith, Director
Bickford Cottage
1100 Linden Drive
Marion, IA 52302-7714

Complaint Intake #: 24619-C
24367-C

Date of Investigation:

October 14 & 15, 2009

Monitor(s):

Stephanie Cummins, MA
Joyce Kix, 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 on October 14 & 15, 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):	18
Current number of tenants without cognitive disorder:	21
Total Population:	39

***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 this certification period in the areas of: Occupancy Agreement, Evaluation of Tenants, Tenant Documents, Service Plans, Nurse Review, Staffing, Dementia Specific Education and Other (POC).

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 (POC).

The August 6, 2008 2nd Recertification Revisit resulted in continuance of 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. 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 shall be appropriately supervised and administered. Medications are appropriately stored.

Complaint Allegation #24367-C: It was alleged former staff supplied a medication that was administered to a tenant without a physician's order. It was alleged one staff was threatened to comply or they would lose their job.

Monitoring Observation: Five staff interviews were conducted with staff from first and second shifts. Staff #1, #2, #3, #4, and #5 stated they were not asked to comply or participate in a situation they felt was unprofessional. They also stated no one had brought in outside medications and administered the medications to the tenants and they had not been asked to administer medications that did not belong to a tenant.

Staff #7, a former nurse, was hired on 5-23-07 and discharged on 8-4-08. According to a Counseling Form dated 9-10-07, there was an issue regarding Staff #7 providing personal medications for tenant use and not maintaining a tenant's supply of medications. According to the Divisional Director of Clinical Services, Staff #7 had not ordered an anti-anxiety medication for a tenant and she brought in her own medication and told staff to administer it. Staff did not give any of the personal medication to the tenant and the tenant did receive the appropriate medication during that time. The Divisional Director of Clinical Services stated there were no other incidents related to this issue. Staff #7 is no longer employed at the program.

The Director stated Staff #7 and #8 were out of town completing an assessment. Staff #8 dropped Staff #7 off at her home and Staff #7 gave Staff #8 a bottle with medication with her name on it. Staff #8 called the Director and the Director called the Divisional Director of Clinical Services. The Director instructed Staff #8 to lock the bottle in the office and it was given to the Divisional Director of Clinical Services when she arrived at the program. It was ultimately given back to Staff #7. The Director stated the tenant did not use Staff #7's medications.

- Regulatory Insufficiency: None noted.

B. 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.

Complaint Allegation #24619: It was alleged Tenant #1 fell in the memory unit and there was only one staff in the unit because another staff had left the building for lunch, which contributed to the incident.

Monitoring Observation: Tenant #1, 92 years old, was admitted on 5-20-09 and diagnoses include: Anemia, A-V Block, Cardiomegaly, Constipation, Dementia and Non Insulin Dependant Diabetes. The tenant was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive impairment. The tenant resided in the general population and not the secured dementia unit. According to incident reports, the tenant fell or was found on the ground four times from 6-3-09 to 6-29-09 with minor injuries. According to an incident report dated 6-28-09 at 11:20 a.m., the tenant

independently ambulated from his/her room down the hall and fell. The tenant was assisted to the wheelchair. The incident report indicated the nurse was notified by telephone. The tenant had a mild skin abrasion. The tenant's service plan appropriately addressed the tenant's identified needs regarding ambulation.

Five staff interviews were conducted with staff from first and second shifts. Staff #1, #2, #3, #4 and #5 stated there were enough staff to meet the needs of the tenants. Staff #1, #2, #4 and #5 stated tenants had not complained about a lack of help. Staff #3 stated tenants occasionally complained about a lack of help. Staff stated the building was not left short staffed due to staff leaving the building during their shift and that staff responded appropriately to falls.

According to the Director and a program policy, staff were only allowed to leave the grounds, during working hours, with permission from the Director and there were three staff working at all times.

Eight tenant files were reviewed including five files of tenants who had falls. The files indicated there were appropriate interventions and responses in regard to falls.

Three tenant interviews were held. Tenants did not express any concerns regarding staffing.

- Regulatory Insufficiency: None noted.

Complaint Allegation #24619: It was alleged Tenant #2 sustained an injury and should have seen a physician more timely.

Complaint Allegation #24367: It was alleged Tenant #2 was in acute pain from staff transferring the tenant and the tenant bearing weight. It was alleged the nurse assessed the tenant and diagnosed a pulled pelvic muscle requiring hourly doses of morphine, which were not effective. It was alleged the injury occurred on Saturday and the tenant was not seen by a physician until the following Tuesday.

Monitoring Observation: Tenant #2, 86 years old, was admitted on 12-20-06 and diagnoses include: Cerebrovascular Accident (CVA), Degenerative Arthritis, Dementia, Depression, Pain, Pancreatic Lesion and Transient Ischemic Attacks (TIAs). The tenant was staged at a six on the GDS, which indicated severe cognitive impairment. The tenant resided in the dementia unit. The tenant was receiving Hospice services and was discharged from the program on 10-07-09. According to incident reports dated 4-5-09 through 4-7-09, the tenant had three falls or was found on the floor three times. According to the incident report dated 4-7-09 at 5:30 p.m., the tenant was sitting on the bed, stood independently and fell to the floor. Staff #5 was in the tenant's bathroom preparing for the tenant's bath and heard the tenant scream. The report indicated Staff #5 checked for signs of injury, called for assistance and assisted the tenant off the floor to the wheelchair. The nurse was notified on 4-7-09 at 5:30 p.m.

Staff #5 was interviewed and stated she was in the tenant's apartment in the bathroom getting things ready for the tenant's bath when the tenant stood up without staff assistance. She stated she notified the nurse and took vitals. She stated the tenant was acting funny that night, was in pain and third shift observed the tenant.

Staff #4 was interviewed and stated the Morphine was somewhat effective in treating the tenant's pain; however, the tenant was hard to assess and did not show pain.

Staff #3 was interviewed and stated the tenant did not appear to be in pain the first day, but the pain seemed to come later.

Staff #1 was interviewed and stated the tenant was in pain and she was told not to move the tenant.

The April 2009 MAR indicated Morphine was given at 2:30 a.m., prior to both incidents on 4-7-09. According to the MAR, Morphine was not administered after the fall at 5:30 p.m.

According to progress notes dated 4-8-09, an assessment was completed by the nurse and it indicated the tenant did complain of pain but was able to lift his/her leg towards his/her head without difficulty. The area was palpitated without abnormalities. The Hospice nurse was contacted and advised staff to give Morphine before moving the tenant. The tenant's family was notified. The tenant's legs were an even length without rotation, no bruising was noted and the tenant was resting in the recliner comfortably. The tenant's family member wanted to wait and see before being evaluated at the hospital and reported the tenant was hypersensitive to pain.

The April 2009 MAR indicated Morphine was given four times on 4-8-09 and one time on 4-9-09 before the tenant was seen by the physician. The results of the Morphine administered indicated there was some pain relief.

According to progress notes dated 4-9-09 the nurse documented the Morphine did not appear to be helping with the pain; however, there were no complaints of pain when the tenant was not moved. The nurse called the Hospice nurse who called the doctor and the tenant was taken to the doctor on 4-9-09.

According to the Hospice evaluation on 4-8-09, post fall, the tenant denied pain.

According to progress notes dated 4-9-09, the tenant was diagnosed with a right hip fracture. The tenant had surgery, went for rehabilitation and returned to the program on 5-20-09. Evaluations and service plan were completed appropriately before the tenant returned.

- Regulatory Insufficiency: None noted.

Complaint Allegation #24367-C: It was alleged there was intimidation and harassment towards staff from Administrative staff and that staff were afraid of losing their jobs. It was alleged there was a staff meeting where staff were told they could not talk to former employees.

Complaint Allegation #24619-C: It was alleged Administrative staff threaten and intimidate staff if staff talks to the "State."

Monitoring Observation: Five staff interviews were conducted with staff from first and second shifts. Staff #1, #2, #3, #4, and #5 indicated they felt comfortable talking with monitors from the Department, indicated they did not have any concerns regarding intimidation, harassment or feeling threatened by Administrative staff. They were not concerned about any consequences related to talking to the Department and felt comfortable going to Administrative staff with concerns. The Director stated they were no repercussions regarding talking to the monitors from the Department and there were no staff to staff intimidations. The Director felt that staff could come to her or the nurse with concerns. The Director stated there was an in-service in July regarding tenant confidentiality.

Three tenant interviews were held and the tenants did not express any concerns with staffing and did not have concerns going to Administrative staff.

- Regulatory Insufficiency: None noted.

Complaint Allegation #24367-C: It was alleged staff were "verbal" with tenants and it was alleged tenants were intimidated

Monitoring Observation: Three tenant interviews were held and none of the tenants expressed any concerns with staffing. The tenants did not have concerns going to Administrative staff.

Staff #1, #2, #3, #4 and #5 stated none of the staff had been physically, verbally or sexually inappropriate or harmful towards 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 #24367-C: It was alleged illegal drugs were found in the program this year.

Monitoring Observation: On 11-5-08, the Department completed a Third Recertification Revisit and Complaint Investigation. One of the allegations of the complaint #20436-C alleged staff were involved in illegal drug activities. During that investigation, the following information was found. A small plastic bag with a substance was found and the local police were notified. The police did not find enough evidence to determine where the substance came from and what staff may have been involved and the case was closed. According to the public release from the Police Department the incident occurred on 6-20-08 and the property seized included a small plastic bag containing a substance believed to be Methamphetamine. At the time of that visit, that complaint allegation was not substantiated. The Director and Staff #1, #2, #3, #4 and #5 stated there had been no other incidences since the past investigation.

- Regulatory Insufficiency: None noted.

Complaint Allegation #24367-C: It was alleged nurses notes were altered.

Monitoring Observation: The monitors reviewed eight tenant files including current and closed files. All records requested by the monitors were made available for review and appeared to be complete, including progress notes. Five staff interviews were conducted with staff from first and second shifts. Staff #1, #2, #3, #4, and #5 stated they did not have concerns with falsification of records.

- Regulatory Insufficiency: None noted.

Dated this 4th day of November, 2009.