IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April, 2010

Complaint: #28100-C

Bonnie Smith, Acting Administrator
Bickford Cottage Assisted Living
5101 University Ave
Cedar Falls, IA 50613-6246

RE: Final Complaint Investigation Report, Bickford Cottage Assisted Living, Cedar Falls, IA

Dear Ms. Smith:

Enclosed is the **Final Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code 231C.7 (2010) and 481 Iowa Administrative Code, chapters 481—69, pertaining to assisted living programs and 481—67.12(3), pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

A copy of the monitor's **Complaint Investigation Report** is enclosed for your information and as a record of the result of this investigation.

If you have any questions regarding this Report, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 28100-C**

Bonnie Smith, Acting Administrator
Bickford Cottage Assisted Living
5101 University Ave
Cedar Falls, IA 50613-6246

Date of Investigation:

April 5, 2010

Monitor(s):

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with 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 April 5, 2010. 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 fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS):	7
Current number of tenants without cognitive disorder:	21
Total Population:	28

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Program History – There have been no substantiated Regulatory Insufficiencies during this recertification period.

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

A. Evaluation of Tenant

Complaint Allegation: It was alleged that the nurse failed to assess Tenant #2 when he/she routinely chokes during meals.

- Monitoring Observation: Tenant #2, a 92 year old, was admitted 4-7-09 with diagnoses of: Hypertension (HTN), Hyperlipidemia, and Seizures. The tenant was currently in Hospice care. The Global Deterioration Scale (GDS) dated 1-28-10 staged the tenant at five, which indicated moderately severe cognitive decline. The physician's orders of 4-1-10 directed for a regular mechanical soft diet and honey thickened liquids since 11-25-09. The service plan of 1-28-10 indicated the tenant required assistance to eat and received assistance from a Hospice aide daily at noon.

  On 4-5-10 at 12:10 p.m. the monitor observed Hospice staff assisting Tenant #2 to take bites of food. The tenant, had an episode of choking during lunch, which was attended to and was able to cough and clear his/her throat.

  Review of the clinical record revealed no documentation from 10-29-09 to current time in the nurse's notes of episodes of choking.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged that Tenant #3 suffers from back pain and required pain medication which is not assessed by the nurse.

- Monitoring Observation: Tenant #3, a 75 year old, was admitted 10-3-09 with diagnoses of: Asthma, HTN, and Arthritis. The cognitive evaluation completed 2-17-10 documented a score of 29/30, which indicated the tenant as cognitively intact.

  A physician's note dated 2-4-10 indicated the tenant had fallen and reported back pain. The physician ordered Vicodin 5/500 milligrams every six hours as needed.
  A physician's note of 2-10-10 indicated the physician ordered a lumbar x-ray which resulted in no new orders.

  Review of the medication administration record for February 2010 indicated the tenant requested the Vicodin only once on each of the following days: February 5, 6, 7, 10, 11, 22, 24 and 26, 2010. Each time the tenant reported relief with the medication.

  During interview on 4-5-10 the tenant stated the staff at the program was excellent and he/she did not have to wait to receive pain medication.

- Regulatory Insufficiency: None noted.

B. Tenant Documents

Complaint Allegation: It was alleged that documentation completed by employees was removed from clinical records.

- Monitoring Observation: During interview on 4-5-10, the Divisional Director of Operations for the program reported the program was aware the former director had contacted a shredding company on two separate occasions, and was unknown what or how much information had been destroyed. Staff #1 reported no knowledge of destruction of medical records. Staff #2 remembered one instance when she felt she had documented information in a chart and the next time she was going to chart did not find the prior documentation, and could not remember the exact dates or information missing. Staff #3, #4 and #5 reported no direct knowledge of documentation missing.

  Five clinical records were reviewed and found to have sequential documentation with no lapses noted.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint Allegation: It was alleged that Tenant #1 fell and sustained an injury which was not promptly assessed by the program nurse.

- Monitoring Observation: Tenant #1, a 91 year old, was admitted 1-23-09 with diagnoses of: Chronic Myelogenous Leukemia, Pernicious Anemia, and Seizure Disorder. The GDS dated 2-2-10 staged the tenant at a three, which indicated mild cognitive decline. The service plan of 2-2-10 documented the tenant was independent with mobility with the assistance of a walker. The Incident Report dated 2-7-10 at 7:15 a.m. documented the tenant was found on the floor nonresponsive. Vital signs were evaluated at 7:30 a.m. and family and physician notified at 7:40 a.m. The incident report indicated the ambulance was called. The report from the emergency room documented an exam time of 8:23 a.m. The clinical record did not contain documentation of a registered nurse assessment; however, the tenant was transferred appropriately and seen within 68 minutes of the time staff discovered the fall.

- Regulatory Insufficiency: None noted.

D. Other

Complaint Allegation: It was alleged that a staff member is verbally abusive to tenants.

- Monitoring Observation: Two individual tenant interviews were completed. Both reported while staff may have been rude at times, no one has been verbally abusive that they have observed. Staff #3, #4 and #5 reported they had not witnessed any tenants being verbally abused by staff.

- Regulatory Insufficiency: None noted.

Dated this 16th day of April, 2010.