IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

December 17, 2010

Ms. Margaret Kaltefleiter, Interim Director
Bickford Cottage Assisted Living
3500 Lower W. Branch Road
Iowa City, IA 52245

RE: I. Final Incident & Complaint Investigation & Recertification Monitoring Evaluation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Kaltefleiter:

I. Final Incident & Complaint Investigation & Recertification Monitoring Evaluation Report – Bickford Cottage Assisted Living, Iowa City, IA

Enclosed is the **Final Incident & Complaint Investigation & Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Service Plan, Food Service, Staffing, and Record Checks. Bickford Cottage Assisted Living("Program") is being assessed a $4,000 civil penalty.

DIA is accepting the Plan of Correction (POC) following the Program's submission of information.

II. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant in accordance with IAC 67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send cover letter to the attention of **Rose Boccella** and remit the penalty assessed by check or money order in the amount of twenty six hundred dollars($2600) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to IAC chapter 481—10. If the Program appeals, the civil penalty will be suspended, pending the appeal process. If the Program does not appeal, the fine is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0023** with effective dates of **December 1, 2010** through **November 30, 2012**.

V. Conclusion

The Program is being assessed a $4,000 civil penalty. The POC submitted on November 23, 2010, has been reviewed and will constitute the final POC related to the on-site visit of October 11 & 12, 2010.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions in regard to this letter and report, please contact your Certification Coordinator, Rose Boccella, at 515/281-7039.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Incident &Complaint Investigation Report & Recertification Monitoring Evaluation Report

Assisted Living Program:

Margaret Kaltefleiter, Interim Director
Bickford Cottage Assisted Living
3500 Lower W. Branch Road
Iowa City, IA 52245

Incident Intake#: 31153-I
Complaint Intake #: 30786-C
31161-C
30950-C
31024-C

Date of Investigation:

October 11 & 12, 2010

Monitor(s):

Hal L. Chase, RN BSN MPH
Stephanie Cummins, MA
Ann Martin, RN
Lori Miner, RN BSN

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 October 11 & 12, 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):	9
Current number of tenants without cognitive disorder:	25
Total Population:	34

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

Tenant/Family Satisfaction Results – A community meeting was held with eight tenants and two family members. Tenants and family stated the rooms were clean and neat with no concerns for routine housekeeping. They would like to see the carpets cleaned and more attention to burned-out light bulbs. Staff responded quickly when the emergency pendant was used to call for help. One tenant reported staff delayed when the pull cord was used. Tenants and family stated a nurse was available by phone and would come in if called. Both tenants and family verbalized concern over recent staff changes and staff training. One family member described the situation as "unbearable." Tenants and family would like to see improvements in communication, including resident council meetings. The food was generally good and improvements had been made, but hot foods could be hotter. One tenant reported more options were needed for vegetarians. Tenants stated the Activity Director was new and had some good ideas. Tenants requested the return of live entertainment, barbeques, and family gatherings. While tenants and family generally felt safe; there was a concern regarding the steep drop-off by the emergency exit doors. Transportation was of concern to some tenants who thought the program would provide transportation to doctor's appointments. A review of the occupancy agreement showed the program would arrange transportation, not provide it. Some of the tenants and family would recommend the program to others.

Program History – There have been substantiated Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Tenant Documents, Service Plans, Medications, Staffing, Nurse Review, Dementia – Specific Education, Record Checks and Other (not notifying DIA within 24 hours of an incident resulting in serious injury or death).

The August 12, 2010 Incident and Complaint Investigation resulted in a civil penalty of $500.00 and Regulatory Insufficiencies in the areas of Medications and Staffing.

The February 16, 17 and 18, 2010 Incident and Complaint Investigation resulted in a civil penalty of $1,000.00 and Regulatory Insufficiencies in the areas of: Medications, Staffing, Dementia – Specific Education and Record Checks.

The October 6 and 7, 2009 Incident Investigation resulted in a civil penalty of $1,000.00 and a Regulatory Insufficiency in the area of Other (not notifying DIA within 24 hours of an incident resulting in serious injury or death).

The August 5 and 6, 2009 Complaint Investigation resulted in a civil penalty of $500.00 and Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Tenant Documents, Service Plans, Staffing and Other (not notifying DIA within 24 hours of an incident resulting in serious injury or death).

The May 12, 13 & 17, 2010 Complaint Investigation resulted in substantiated Regulatory Insufficiencies in the areas of Nurse Review and Staffing.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

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

A. Evaluation of Tenant

- Monitoring Observation: Tenant #6, an 86 year old, was admitted on 4-26-10 and diagnoses include: Advanced Vascular Dementia with Parkinson's Disease, Hypothyroidism, Obstructive Uropathy and Recurrent Constipation. The tenant was staged at a five to six on the Global Deterioration Scale (GDS), which indicated moderately severe to severe cognitive decline. The tenant received Hospice services. According to Progress Notes dated 9-16-10, the tenant's protective undergarment was soaked with dark yellow/pink tinged urine. According to notes dated 9-18-10, there was mucus with blood when wiping the tenant's rectum. Notes dated 10-7-10 indicated the tenant had difficulty passing a bowel movement after no bowel movement for six days. The tenant had two bowel movements while the Hospice nurse was present. The tenant yelled in pain as they were passed and was unable to pass the bowel movement without assistance from the Hospice nurse. On 10-9-10 night shift reported the tenant was moaning and had complaints of pain. Notes dated 10-9-10 indicated the tenant had severe pain and it was not controlled with Tylenol. The tenant moaned and had increased pain with movement, according to notes. Notes dated 10-10-10 indicated the tenant complained of pain and grimaced with touch and movement. The tenant had increased weakness and the knees started to buckle with ambulation. The Hospice nurse indicated on 10-11-10 there had been changes in physical status. The tenant appeared weaker and the tenant's spouse reported the tenant had been coughing and choking on liquids. A Hospice nurse indicated on 10-11-10 the tenant had increased somnolence, weakness, confusion and had a fever. Most recent cognitive, health and functional evaluations were completed on 8-25-10. Evaluations were not completed as needed with significant change.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Criteria for Exclusion of Tenants

Complaint Allegation #31024-C: It was alleged two tenants were heavy lifts and staff could be injured lifting the tenants.

- Monitoring Observation: Five staff interviews and 11 tenant files indicated none of the current tenants exceeded the appropriate level of care. Tenant #7 and Tenant #8s' files were reviewed and the tenants did not exceed the appropriate level of care.

- Regulatory Insufficiency: None noted.

C. Tenant Documents

Complaint Allegation # 30950-C: It was alleged staff shredded papers that could have substantiated complaints.

- Monitoring Observation: In a written statement the program indicated they did not have a policy regarding the destruction of documents. The only type of documents shredded were communication pages, lists or forms that included tenant names or other identifying information which would be discarded. Information pertaining to tenant records was not shredded.

  Investigations conducted by the department were not impeded by the lack program documentation, including information related to tenant documentation. All documentation requested by the program was provided.

  Staff #1 stated nurses have shredded documentation between medication aides and licensed practical nurses (LPNs) but did not know what specific items had been shredded. Staff #2 stated she had not seen staff shred any program or tenant documentation. Staff #3 stated no tenant documents were shredded. Staff #4 stated she had not seen anyone shred tenant documents. Staff #5 stated she had not seen anyone shred documentation.

- Regulatory Insufficiency: None noted.

D. Service Plan

- Monitoring Observation: Tenant #6's file was reviewed. According to Progress Notes dated 9-16-10, the tenant's protective undergarment was soaked with dark yellow/pink tinged urine. According to notes dated 9-18-10, there was mucus with blood when wiping the tenant's rectum. Notes dated 10-7-10 indicated the tenant had difficulty passing a bowel movement, after no bowel movement for six days. The tenant had two bowel movements while the Hospice nurse was present. The tenant yelled in pain as they were passed and was unable to pass the bowel movement without assistance from the Hospice nurse. On 10-9-10 night shift reported the tenant was moaning and had complaints of pain. Notes dated 10-9-10 indicated the tenant had severe pain and it was not controlled with Tylenol. The tenant moaned and had increased pain with movement, according to notes. Notes dated 10-10-10 indicated the tenant complained of pain and grimaced with touch and movement. The tenant had increased weakness and the knees started to buckle with ambulation. The Hospice nurse indicated on 10-11-10 there had been changes in physical status. The tenant appeared weaker and the tenant's spouse reported the tenant had been coughing and choking on liquids. A Hospice nurse indicated on 10-11-10 the tenant had increased somnolence, weakness, confusion and had a fever. The most recent service plan was updated on 8-25-10. The service plan was not updated as needed with a significant change.

- Regulatory Insufficiency: When a tenant needs personal care or health related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. (IAC r. 481-69.26(3))

E. Medications

Complaint Allegation # 31161-C It was alleged the program did not return medications to the pharmacy of a tenant who had been discharged from the program.

- Monitoring Observation: Ten tenant files were reviewed; two of which indicated the tenants had been discharged. Tenant #1's file indicated the tenant was admitted to a hospital and did not return to the program. Nurse's notes did not indicate medications were returned to the pharmacy. The program's pharmacy was contacted and indicated it was possible medications were returned with other tenant's medication returns and the pharmacy may not have recorded the medications as returned. Tenant #5's nurse's notes of 9-25-10 indicated the tenant was discharged from the program on the same date. Nurse's notes of 9-25-10 but a separate entry, indicated the tenant's medications were returned to the pharmacy and narcotics were wasted per the program's protocol.

  Program records indicated the program's policy was when tenant medications were discontinued by the tenant's physician or if a tenant was transferred or discharged from the program, medications were marked as discontinued or destroyed. If medication packages were unopened, the program returned the medications to the issuing pharmacy.

  Staff #1, #2 and #4 stated they did not administer medications to the tenants and did not have any information related to the medication policy of returning medication of tenants who no longer resided at the program. Staff #3 stated medications were returned to the pharmacy and she had not seen medications for tenants who no longer resided at the program. Staff #5 stated medications of tenants who no longer resided at the program were returned to the pharmacy.

- Regulatory Insufficiency: None noted.

F. Food Service

- Monitoring Observation: Seven staff files were reviewed. Staff #2, #8 and #9, who serve food, did not have an orientation on sanitation and safe food handling prior to handling food.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28(5))

G. Staffing

Complaint Allegation #30786-C: It was alleged there was not sufficient nursing oversight and no director or registered nurse (RN) to monitor tenants and direct staff.

Complaint Allegation #31024-C: It was alleged a nurse was not available to respond to emergencies in a reasonable amount of time. It was alleged the on-call RN #1 could not respond to a tenant emergency in a reasonable period of time. It is alleged it was unclear what staff can take physician phone orders.

- Monitoring Observation: The former RN Coordinator was hired on 6-14-10 and worked through 9-30-10. The former RN Coordinator worked eight hour shifts and was on call during this time period. The former Director was hired on 8-14-09 and worked until 9-20-10. The former Director was also a nurse. After the former RN Coordinator resigned the on-call nurses rotated on-call responsibilities from 5:00 p.m. to 8:00 a.m. every day, seven days a week. The on-call RN #1 was on-call nine days for the month of October. The on-call RN #2 was on-call 22 days for the month of October. In addition to being on call for those days, on-call RN #1 was physically in the building on 10-2-10 and 10-6-10. The on-call RN #2 was physically in the building on 10-4-10, 10-6-10 and 10-9- 10. The Divisional Director of Quality Assurance worked in the building on 10-1-10, 10-4-10, 10-5-10, 10-6-10, 10-7-10 and 10-11-10. The Divisional Director of Quality Assurance was the Interim Director/Nurse and was also on-call 24 hours a day 7 days a week. The Divisional Director of Operations was not a nurse but worked in the building in the building on 10-4-10, 10-5-10 and 10-11-10. The expectation for the two on-call nurses was that they were available via phone to answer staff requests. If it was determined they needed to come into the building they needed to arrive as soon as possible (ideally within 30 minutes). If the on-call nurses were not able to come in, they would contact the Divisional Clinical Nurse who would then provide coverage.

  Five staff were interviewed. Staff #1, #2, #3, #4 and #5 indicated there was appropriate RN oversight in the building. They indicated there had not been any issues or concerns with not being able to reach an RN when needed. The on-call staff answered when called or called back within a reasonable amount of time. The staff indicated on-call RN #1 could come into the building as needed and responded appropriately when called. Staff did not express any concerns regarding nursing oversight in the building. Staff reported only LPNs or RNs took physician orders.

  A community meeting with eight tenants and two family members was held. They expressed concerns regarding staff turnover; however, did not have any concerns with lack of nursing oversight. Tenants and family stated a nurse was available by phone and would come in if called.

  Review of 11 tenant files indicated evaluations and service plans were appropriately completed in 10 of the 11 tenant files.

- Regulatory Insufficiency: None noted.

Complaint Allegation #31024-C: It was alleged the program did not provide nurse delegation to staff who provided personal and health related cares.

Complaint Allegation #30786-C: It is alleged staff may not be properly trained.

- Monitoring Observation: Seven staff files were reviewed. Staff #2, #7 and #9 did not have appropriate nurse delegation training. Staff #1 had medication training completed by a previous nurse; however, it was not completed by the former RN Coordinator who was employed from June 2010 to September 2010.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

Complaint Allegation #31024-C: It was alleged the program did not have anyone in charge of the program and tenants' well being.

- Monitoring Observation: The former RN Coordinator was hired on 6-14-10 and worked through 9-30-10. The former RN Coordinator worked eight hour shifts and was on call during this time period. The former Director was hired on 8-14-09 and worked until 9-20-10. The former Director was also a nurse. After the former RN Coordinator resigned, the on-call nurses rotated on-call responsibilities from 5:00 p.m. to 8:00 a.m. every day, seven days a week. The on-call RN #1 was on-call nine days for the month of October. The on-call RN #2 was on-call 22 days for the month of October. In addition to being on call for those days, on-call RN #1 was physically in the building on 10-2-10 and 10-6-10. The on-call RN #2 was physically in the building on 10-4-10, 10-6-10 and 10-9- 10. The Divisional Director of Quality Assurance worked in the building on 10-1-10, 10-4-10, 10-5-10, 10-6-10, 10-7-10 and 10-11-10. The Divisional Director of Quality Assurance was the Interim Director/Nurse and was also on-call 24 hours a day 7 days a week. The Divisional Director of Operations was not a nurse; but worked in the building in the building on 10-4-10, 10-5-10 and 10-11-10. The expectation for the two on-call nurses was that they were available via phone to answer staff requests. If it was determined they needed to come into the building they needed to arrive as soon as possible (ideally within 30 minutes). If the on-call nurses were not able to come in they would contact the Divisional Clinical Nurse who would then provide coverage.

  Five staff were interviewed. Staff #1, #2, #3, #4 and #5 indicated there was appropriate RN oversight in the building. They indicated there had not been any issues with not being able to reach an RN when needed. The on-call staff answered when called or called back within a reasonable amount of time. The staff indicated on-call RN #1 could come into the building as needed and responded appropriately when called. Staff did not express any concerns regarding nursing oversight in the building. Staff reported only LPNs or RNs took physician orders.

  Tenant #6 was staged at a five to six on the Global Deterioration Scale (GDS), which indicated moderately severe to severe cognitive decline and received Hospice services. According to Progress Notes dated 9-16-10, the tenant's protective undergarment was soaked with dark yellow/pink tinged urine. According to notes dated 9-18-10, there was mucus with blood when wiping the tenant's rectum. Notes dated 10-7-10 indicated the tenant had difficulty passing a bowel movement after no bowel movement for six days. The tenant had two bowel movements while the Hospice nurse was present. The tenant yelled in pain as they were passed and was unable to pass the bowel movement without assistance from the Hospice nurse. On 10-9-10 night shift reported the tenant was moaning and had complaints of pain. Notes dated 10-9-10 indicated the tenant had severe pain and it was not controlled

with Tylenol. The tenant moaned and had increased pain with movement, according to notes. Notes dated 10-10-10 indicated the tenant complained of pain and grimaced with touch and movement. The tenant had increased weakness and the knees started to buckle with ambulation. The Hospice nurse indicated on 10-11-10 there had been changes in physical status. The tenant appeared weaker and the tenant's spouse reported the tenant had been coughing and choking on liquids. A Hospice nurse indicated on 10-11-10 the tenant had increased somnolence, weakness, confusion and had a fever. The tenant's needs were not met.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

Complaint Allegation # 30950-C: It was alleged a tenant had eloped from the program. It was alleged a tenant went out with another tenant.

- Monitoring Observation: Review of Incident/Accident reports for July 1, 2010 through October 11, 2010 indicated Tenant #2 went outside the program and was left unattended. The department conducted an investigation on 8-12-10 related to Tenant #2's elopement. Staff #1, #2, #3, #4 and #5 were interviewed and each stated there had not been any other tenants who had eloped from the program.

- Regulatory Insufficiency: None noted.

H. Record Checks

Complaint Allegation #31024-C: It was alleged the program may not complete criminal background checks.

- Monitoring Observation: Seven staff files were reviewed. Staff #7 was hired on 9-10-10 and did not have a criminal history check, dependent adult abuse check and child abuse check completed prior to hire. A background check was completed on 10-11-10 at 4:07 p.m. and did not reveal any hits. Background checks were not completed appropriately.

- Regulatory Insufficiency: Pursuant to Iowa Code Section 135C.33, a prospective employee of a program hall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background checks shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))

I. Other

Incident Allegation #31153-I: The program reported Tenant #3 backed his/her scooter into Tenant #4, which caused the tenant to fall and the tenant sustained a head injury.

Tenant #4 was transported to a local hospital emergency room and was later admitted to the hospital.

- Monitoring Observation: Tenant #3, an 81 year old, was admitted on 8-5-07 and had diagnoses of: Cerebral Palsy, Gastro Esophageal Reflux Disease (GERD) and a History of Urinary Tract Infections (UTIs). An incident report of 10-3-10 indicated Tenant #3, who was using a motorized cart, backed into Tenant #4's walker, with the tenant falling backwards and sustaining a head injury and right hip injury. The program completed a fall investigation related to the above incident and provided re-education on scooter safety with Tenant #3.

  The tenant's service plan of 7-23-10 indicated the tenant needed assistance with transfer to and from his/her scooter and was independent once in the scooter. Incident reports from 7-9-10 through 10-6-10 indicated the tenant did not have any incidents of injury or inappropriate use of his/her scooter. Nurse's notes of 7-23-10 through 10-6-10 indicated only one incident of having an accident with the use of his/her scooter.

  Tenant #3 was interviewed and stated he/she has used a powered scooter since 1997 and hasn't had any problems controlling it. The scooter he/she has now is faster and he/she has to keep the speed setting low. The tenant recalls the accident involving Tenant #3 but stated it wasn't his/her fault. The tenant stated he/she was backing up and didn't see Tenant #4. Tenant #3 stated he/she is careful when he/she drives the unit in public areas.

  Tenant #4, a 97 year old, was admitted on 12-13-08 and had diagnoses of: Degenerative Joint Disease of the Knees, History of falling episodes, Gout, Hypertension, Hyperlipidemia, History of Trans Ischemic Attacks and Vertigo. An incident report of 10-3-10 indicated the tenant fell backwards with Tenant #3's scooter bumped him/her from behind. Tenant #3 was transported to a local hospital emergency room for treatment.

  The tenant was later admitted to the hospital for treatment of low hemoglobin and Physical Therapy (PT). The tenant's service plan of 7-7-10 indicated the tenant was independent with ambulation with the use of an assistive device. Incident reports of 7-9-10 through 10-6-10 indicated the tenant had sustained a fall on 8-12-10 and sustained a skin tear, on 8-18-10, 8-28-10 without injury, but none of these injuries involved Tenant #3.

  Staff #1 stated Tenant #3 was competent to use a scooter for mobility. The tenant has had a scooter since admission. The tenant has Cerebral Palsy; however, the illness did not affect his/her ability to use his/her scooter. Staff #2 stated the tenant was competent to use the scooter. The tenant bumped into walls in his/her apartment but staff did not have any concerns regarding the safety of the tenant or tenants when the tenant used the scooter outside his/her apartment. Staff #3 stated the tenant used the scooter too fast. There were spots on the tenant's apartment walls where the tenant hit them. Staff #3 stated there were no issues of the tenant using the scooter outside his/her apartment. Staff #4 stated the tenant drove the scooter too fast and did not pay attention to who was behind him/her. The tenant had previously bumped into staff in his/her apartment and did not always pay attention to how he/she used the scooter.

Staff #5 stated he had no concerns regarding the safety of Tenant #3 or other tenants when the tenant used his/her scooter.

- Regulatory Insufficiency: None noted.

Dated this 6th day of December, 2010.