IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 31684-C

December 22, 2010

Ms. Kathy Savits, Interim Director
Bickford Cottage of Urbandale
5915 Sutton Place
Urbandale, IA 50322

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

Dear Ms. Savits:

I. Final Complaint Investigation & Recertification Monitoring Evaluation Report – Bickford Cottage of Urbandale, Urbandale, IA

Enclosed is the **Final 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) chapters 481—67 and 481—69. The Report notes Regulatory Insufficiencies in the area(s) of: Nurse Review and Staffing. **Bickford Cottage of Urbandale** ("Program") is being assessed a $500 civil penalty.

II. Civil Penalty

If, within 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 civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481—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 a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325) 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 thirty (30) days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to Iowa Code chapter 17A and IAC chapter 481—10. If the Program appeals the DIA decision, the civil penalty will be suspended pending the appeal process. If the Program does not appeal, the civil penalty is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0042** with effective dates of **September 30, 2010** through **September 29, 2012**.

V. Conclusion

The Program is being assessed a $500 civil penalty. The Plan of Correction (POC) submitted on December 17, 2010, has been reviewed and will constitute the final POC related to the on-site visit of November 15, 2010.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal 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 enclosed 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 Complaint Investigation & Recertification Monitoring Evaluation Report

Assisted Living Program: **Complaint Intake #: 31684-C**

Kathy Savits, Interim Director
Bickford Cottage of Urbandale
5915 Sutton Place
Urbandale, IA 50322

Date of Investigation & Monitoring Visit:

November 15, 2010

Monitor(s):

Hal L. Chase, RN BSN MPH
Stephanie Cummins, MA
Ann Martin, 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 and monitoring evaluation on-site visit were conducted at Bickford Cottage of Urbandale. In preparing this report, the following information was considered:

Current Program Census:

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):	16
Current number of tenants without cognitive disorder:	17

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

Total Population of DSP:	10
Total Census of ALP:	43

***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 with 10 tenants was held. The tenants reported the building was clean and housekeeping services were completed to their satisfaction. They reported cleaning occurred late at night and early in the morning at times and the noise was disruptive. One tenant requested more structure and notification when laundry was removed and returned to his/her apartment. The tenants stated nursing services were available. The tenants described staff as excellent and wonderful. The tenants received the services they requested and there were no concerns with staffing. The tenants liked the food and stated the hot foods were hot and the cold foods were served cold. The tenants did not identify any concerns with the food. There were sufficient activities and staff provided reminders of activities. They enjoyed crafts and reported no improvements were needed. The tenants felt safe and stated they made their own decisions. The tenants were generally satisfied and would recommend the program to others.

Program History – The program has had substantiated Regulatory Insufficiencies in the areas of: Record Checks, Structural Requirements, Food Service, Evaluation of Tenant, Criteria for Exclusion of Tenants, Nurse Review, Service Plan and Other during the past certification period.

The complaint history during the past certification period includes the complaints and incident investigation of #29017-C, #29093-C and # 29094-I, with Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Criteria for Exclusion of Tenants, Nurse Review, Service Plan and Other, which resulted in a $1000.00 fine.

The complaint investigation of #25076-C on September 22, 2009, with a Regulatory Insufficiency in the area of Structural Requirements, resulted in a $500.00 fine.

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

A. Nurse Review

- Monitoring Observation: Tenant #1's file was reviewed. The tenant received PT services from 10-12-10 to 11-4-10. The tenant was discharged from PT on 11-4-10. Nurse review was not completed when PT was discontinued. Nurse review was not completed as needed.

  Tenant #2, an 84 year old, was admitted on 8-18-03 and diagnoses include: Alzheimer's Disease, Arthritis, History of Gastrointestinal (GI) Bleed, Hyperlipidemia and Hiatal Hernia. The tenant was staged at a six on the GDS, which indicated severe cognitive decline. The tenant resided in the dementia unit. The tenant received Hospice services. According to a Hospice Interdisciplinary Narrative Note dated 9-1-10, staff reported loose stools over past three days. The stools were soft with a pungent odor. The note indicated to obtain a stool specimen to rule out Clostridium Difficile per doctor's orders. The last entry in the tenant's progress notes was dated 8-26-10. Nurse review was not completed as needed. According to a Hospice Physician Order, the tenant had dark pink, dry buttocks. There was an order to apply buttocks cream to buttocks every shift and as needed. The last entry in progress notes was dated 8-26-10. Nurse review was not completed as needed.

  According to a Hospice Physician Order, the tenant had dark pink, dry buttocks. There was an order to apply buttocks cream to buttocks every shift and as needed. It was faxed to the pharmacy on 10-12-10; however, was not noted until 10-31-10. The tenant's October and November 2010 MARs did not reflect the order for the buttocks cream ordered on 10-12-10.

- Regulatory Insufficiency: To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program. (IAC r. 481-69.27(2))

- Regulatory Insufficiency: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))

B. Staffing

Complaint Allegation: It was alleged the Director filled an insulin syringe and gave it to staff to administer. It was alleged the Director was not a nurse and did not have medication training.

- Monitoring Observation: The Interim Director was a licensed practical nurse (LPN). She had an active LPN license and provided a current copy of her LPN license.

  Tenant #3, a 72 year old, was admitted on 8-20-09 and diagnoses include Insulin Dependent Diabetes Mellitus (IDDM), Depression, Hypertension (HTN), Hypothyroidism, Alzheimer's Disease, Hyperlipidemia, History of Seizure Disorder,

Anxiety and Gastro Esophageal Reflux Disease (GERD). The tenant was staged a five on the GDS, which indicated moderately severe cognitive decline. The MARs and the physician orders were reviewed and appropriately matched the insulin injections. Staff reported the tenant injected his/her own insulin and staff observed. The tenant's service plan indicated staff monitored the tenant's blood sugars and followed insulin dosage per physician orders. According to the service plan, the tenant self-administered after given the correct dose. Tenant #3 was the only tenant that received staff assistance with insulin. Review of the tenant's MARs indicated insulin was administered appropriately.

Staff #1 stated she was trained to administer medications and to take blood sugars. She stated with each dose the MAR described the dosage to be given based on the tenant's blood sugar. She stated the Interim Director (LPN) and the program's registered nurse, (RN), drew up insulin. She stated no other staff drew up insulin.

Staff #2 stated she was trained to administer insulin and to take blood sugars. She stated based on blood sugars staff used the amount that was on the MAR, if the tenant was on sliding scale insulin. Staff gave the insulin to the tenant, the tenant self-administered and staff monitored the tenant. She stated the program nurse (RN) drew up the insulin.

Staff #3 stated she did not administer medication or provide medical cares. She stated the RN drew up insulin.

The Interim Director stated in the morning on either 11-10-10 or 11-11-10 she drew up insulin. She stated the RN typically drew up insulin. She stated she was an LPN. She stated the RN drew up insulin, staff checked the syringe to ensure it was the correct dosage and handed the syringe to the tenant. The tenant injected the insulin and staff took the used syringe and disposed of it in the sharps container.

The RN stated staff had demonstrated competency regarding medication administration including insulin. The nurse stated insulin was administered on time and she drew up insulin.

Nurse delegation records for all 11 current certified medical assistants (CMAs) related to insulin and blood sugars indicated all CMAs had appropriate delegations related to insulin and blood sugars.

A medication pass was observed and appropriate medication administration protocol was observed.

- Regulatory Insufficiency: None noted.

Complaint Allegation: It was alleged there was not sufficient on-call nursing coverage.

- Monitoring Observation: A community meeting with 10 tenants was held. The tenants reported nursing services were available as needed. Copies of the nursing on-call schedule and current nursing licenses for all current on-call nurses were obtained.

The on-call nursing schedule indicated nursing coverage was provided. Staff #1, #2 and #3 reported there was sufficient staff to meet the needs of the tenants.

- Regulatory Insufficiency: None noted.

- Monitoring Observation: Staff #1, #2, #3, #4 and #5 did not have nurse delegations related to activities of daily living (ADLs) delegated by the current RN who was hired on 6-1-10.

- 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))

Dated this 22nd day of December 2010.