IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 32846-C
32088-C
32658-C

March 24, 2011

Ms. Nancy Hockaday, Administrator
Bickford Cottage
1100 Linden Drive
Marion, IA 52302

RE: I. Final Complaint Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Hockaday:

I. Final Complaint Investigation Report – Bickford Cottage, Marion, IA

Enclosed is the **Final Complaint Investigation 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: Evaluation of Tenant, Nurse Review, Staffing and Structural Requirements. **Bickford Cottage** ("Program") is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

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. Conclusion

The Program is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on March 17, 2011, has been reviewed and will constitute the final POC related to the on-site visit of February 14, 2011.

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 Program 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 Report

Assisted Living Program:

Nancy Hockaday, Administrator
Bickford Cottage
1100 Linden Drive
Marion, IA 52302

Complaint Intake #: 32846-C
32088-C
32658-C

Date of Investigation:

February 14, 2011

Monitor(s):

Joyce Kix, RN
Maribeth Freland, 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 of Marion on February 14, 2011. 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):	6
Current number of tenants without cognitive disorder:	22

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

Total Population of DSP:	7
Total Census of ALP:	35

*These are the census numbers represented by the program to be applicable at the time

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

The following information was identified during the course of the complaint investigation.

A. Evaluation of Tenant

- Monitoring Observation: Tenant #1, an 87 year old, was admitted 2-9-08 with diagnoses of: Agitation, Dementia, Depression, Diabetes, Gastroesophageal Reflux Disease, Hypertension (HTN), and Hypercholesterolemia. The service plan of 10-19-10 indicated the tenant could walk to meals and activities with a wheeled walker. The clinical record contained a facsimile (fax) to the physician dated 11-18-10 which documented the tenant had gained ten pounds and was able to stand again but could only take two to three steps. A progress note dated 1-14-11, completed by a hospice nurse, documented the tenant had experienced increased weakness, and some changes in diet and was to be reviewed by the physician for admission to hospice. The clinical record lacked documentation of completion of functional, cognitive and health evaluations with the tenant's changes in condition.

  Tenant #2, a 76 year old, was admitted 4-7-10 with diagnoses of Dementia and HTN. The tenant resided in the general population and the Global Deterioration Scale (GDS) dated 11-5-10 staged the tenant at 4 which indicated moderate cognitive decline. A fax to the physician dated 2-3-11 documented the tenant was moved to the locked dementia unit on 1-29-11 due to increasing cognitive decline. A progress note dated 1-5-11 documented the tenant had been exhibiting constant anxiety with a physician's order to increase Zyprexa (a prescription medication). Another progress note dated 2-1-11 documented the tenant pulled his/her pants down in the kitchen stating, "I have to pee." The clinical record lacked documentation of completion of functional, cognitive and health evaluations with the tenant's change in cognition.

  Tenant #4, a 92 year old, was admitted 12-1-10 with diagnoses of Amyotropic Lateral Sclerosis (ALS) and HTN. The clinical record lacked documentation of completion of cognitive, functional and health evaluations which are required at 30 days.

  Tenant #5, an 83 year old, was admitted 9-3-09 with diagnoses of: Atrial Fibulation, Renal Failure and Coronary Artery Disease. The most recent evaluations had been completed 12-29-10. A fax dated 1-3-11 documented the tenant had sustained a large hematoma (bruise) which was minimally painful. The document indicated staff had initiated wrapping the leg with application of ice. A physician visit note of 1-25-11 documented the tenant experienced an open sore on the leg for which the physician directed an antibiotic and elevation of the leg to decrease edema. The clinical record lacked documentation of completion of functional, cognitive and health evaluations with the tenant's changes in condition.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall 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 with the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Criteria for Exclusion of Tenants

Complaint Allegation #32088-C: It was alleged the program retained tenant's who could not stand and required two people to assist with transfers.

- Monitoring Observation: The clinical records for seven tenants were reviewed with observations completed. Two direct care staff were interviewed. Staff #2 stated she felt there were two tenants who required two people to assist with transfers. Staff #1 stated there were no tenants at the program who required routine assistance of two for transfers. Monitor observations of transfers revealed all tenants were able to transfer with the assistance of one person. The monitors did not find that any tenants exceeded the criteria for retention in the assisted living program.

- Regulatory Insufficiency: None noted.

C. Medications

Complaint Allegation #32088-C: It was alleged the morphine count had been off for two weeks and staff administered medications from planners set up by family so they don't know what the medications are.

- Monitoring Observation: The narcotic count sheets for seven tenants were reviewed for accuracy with the medications in the narcotic box. All medication numbers matched the current narcotic count sheets. Review of liquid morphine count for one tenant revealed a discrepancy documented between the count of 24.25 cubic centimeters (cc) and the actual medication on hand 22 ccs. The discrepancy was identified by Staff #6 LPN on 11-27-10 and Staff #6 RN documented that it appeared the lid was not replaced tightly and the medication was spilled.

  The program identified four tenants for whom a medication minder was filled by persons other than the program and administered by the program staff. The program policy for Medication Administration directed that personnel assisting a tenant with medication shall be licensed or certified or be delegated by the registered nurse. Four employee files reviewed revealed Staff #3, #4, #5, and #6 had been appropriately delegated by the nurse to administer oral medications.

- Regulatory Insufficiency: None noted.

The following information was identified during the course of the complaint investigation.

D. Nurse Review

- Monitoring Observation: Tenant #1's service plan of 10-19-10 indicated the tenant could walk to meals and activities with a wheeled walker. The clinical record contained a fax to the physician dated 11-18-10 which documented the tenant had gained ten pounds and was able to stand again but could only take two to three steps. A progress note dated 1-14-11, completed by a hospice nurse, documented the tenant had experienced increased weakness, and some changes in diet and was to be reviewed by the physician for admission to hospice. The clinical record lacked

documentation of completion of a nurse review the documented changes in the tenant's health status.

Tenant #2'sile contained a Global Deterioration Scale (GDS) dated 11-5-10 which staged the tenant at 4 which indicated moderate cognitive decline. A fax to the physician dated 2-3-11 documented the tenant was moved to the locked dementia unit on 1-29-11 due to increasing cognitive decline. A progress note dated 1-5-11 documented the tenant had been exhibiting constant anxiety with a physician's order to increase Zyprexa. Another progress note dated 2-1-11, completed by a certified medication aide, documented the tenant pulled his/her pants down in the kitchen stating, "I have to pee." The clinical record lacked documentation of completion of nurse review for the changes noted.

- 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))

E. Staffing

Complaint Allegation #32088-C: It was alleged tube feedings were not being administered correctly.

- Monitoring Observation: The personnel records for Staff #3, #5 and #6 lacked documentation of completion of nurse delegation for administration of medications through a gastro-intestinal tube (g-tube). Review of the medication administration records (MAR) revealed Staff #3, #5 and #6 had signed as indication of completion of administration of medications via g-tube. The current delegating nurse with a date of hire of 1-14-11 stated she had not completed any delegations.

- Regulatory Insufficiency: The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. (IAC r. 481-69.29(3))

Complaint Allegation #32658-C: It was alleged the program was without nurse coverage.

- Monitoring Observation: The program reported the registered nurse terminated employment on 11-19-10. The Administrator provided documentation as evidence of nurse coverage with part-time and on-call coverage 24 hours a day seven days a week until the employment of the current nurse 1-14-11. 10 tenants reported the nurse's services were available whenever needed.

- Regulatory Insufficiency: None noted.

F. Activities

Complaint Allegation #32846-C: It was alleged the activity director was pressing tenants to attend all activities and picked on them when they didn't attend.

- Monitoring Observation: A group meeting with 10 tenants was held. All reported the activities were appropriate and no one felt forced to attend. They stated they were invited but could decline.

- Regulatory Insufficiency: None noted.

G. Structural requirements

Complaint Allegation #32846-C: It was alleged two tenant's heat/air conditioning units were not operational and space heaters had been placed.

- Monitoring Observation: The maintenance person reported the heaters for two rooms were broken and required repair. He placed space heaters in one room for one week until parts arrived for the repair. Ten tenants were interviewed and all reported satisfaction with the temperature of their apartments at the program. One tenant reported the heater did not work for a while but the program fixed it promptly. Another reported a problem with the thermostat which was fixed within a week. Review of the maintenance log revealed the malfunction of the heaters was identified 2-4-11 and parts were ordered the same day.

- Regulatory Insufficiency: None noted.

The following information was identified during the course of the complaint investigation.

- Monitoring Observation: Seven tenants with a GDS above 4, indicating moderate cognitive decline, resided in the dementia unit. During tour of the program, numerous chemicals and cleaning supplies such as, Mikro Quat (labeled personal protective equipment required with use) were identified as accessible to the tenants in the unlocked laundry room, in the unlocked desk drawer and in the unlocked file cabinet.

- Regulatory Insufficiency: The building and grounds shall be well-maintained, clean, safe and sanitary. (IAC r. 481-69.35(1) b.)

Dated this 24th day of March, 2011