IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 34300-C

July 22, 2011

Ms. Nancy Hockaday, Director
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, Service Plan and Nurse Review. **Bickford Cottage** ("Program") is being assessed a $1,000 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 six hundred fifty dollars ($650) 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 $1,000 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on July 13, 2011, has been reviewed and will constitute the final POC related to the on-site visit of June 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: **Complaint Intake #: 34300-C**

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

Date of Investigation:

June 14, 2011

Monitor(s):

Stephanie Cummins, MA

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 on June 14, 2011. 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):	8
Current number of tenants without cognitive disorder:	15
Total Population:	23

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:	30

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

Program History – The Program received regulatory insufficiencies in the areas of : Evaluation, Nurse Review, Staffing and Structural Requirements during this certification period.

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

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Six tenant files were reviewed.

  Tenant #1 (the Tenant), a 71 year old, was admitted on 6-3-10 and diagnoses include: Bipolar, Osteoarthritis, Hypothyroidism and Chest Pain. Progress Notes indicated the Tenant was overheard telling others he/she hitchhiked home on the day he/she got lost riding the bus. An order was received that indicated the Tenant was not to leave the program unless accompanied by another responsible adult for safety reasons. On 4-6-11 notes indicated the tenant attended the council meeting and was disruptive, repeatedly interrupted the speaker, every comment was a complaint, talked quickly and changed the subject of the conversation. The Tenant's family member arrived and reinforced the Tenant was not allowed to go out independently at that time. The Tenant stated, "what do you want me to do commit suicide?" The Tenant would not answer if he/she considered suicide. The Tenant was transported to a hospital for evaluation. Progress Notes did not indicate a date when the Tenant returned from the hospital. Evaluations were not completed as needed.

  Tenant #2 (the Tenant), an 87 year old, was admitted on 1-28-09 and diagnoses include: Alzheimer's Disease and Seizure Disorder. The Tenant was staged at a six on the Global Deterioration Scale, which indicated severe cognitive decline. The Tenant resided in the dementia unit. Staff Members #1, #2 and #3 reported at times the Tenant required two staff for transfers. Staff Member #1 stated not more than 50% of the time the Tenant needed a two person transfer. Staff Member #3 stated 50% of the time the Tenant needed a two person transfer. Progress Notes dated 5-3-11 indicated the Tenant was unable or would not bear weight and was lowered to the floor by two staff members. The Tenant required two staff for toileting and when transferred from the wheelchair to the recliner. Evaluations were not completed as needed.

- 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. Service Plan

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Six tenant files were reviewed.

  Tenant #1's file was reviewed. Progress Notes indicated the Tenant was overheard telling others he/she hitchhiked home on the day he/she got lost riding the bus. An order was received that indicated the Tenant was not to leave the program unless accompanied by another responsible adult for safety reasons. On 4-6-11 notes indicated the tenant attended the council meeting and was disruptive, repeatedly interrupted the speaker, every comment was a complaint, talked quickly and changed the subject of the conversation. The Tenant's family member arrived and reinforced the Tenant was not allowed to go out independently at that time. The Tenant stated at one point in the conversation, "what do you want me to do commit suicide?" The Tenant would not answer if he/she considered suicide. The Tenant was transported to a hospital for evaluation. Progress Notes did not indicate a date when the Tenant returned from the hospital. The most recent service plan was updated on 3-18-11 and indicated the Tenant's behavior was appropriate. The service plan was not updated as needed and did not indicate the Tenant's identified needs and preferences for assistance.

  Tenant #2's file was reviewed. Staff Members #1, #2 and #3 reported at times the Tenant required two staff for transfers. Staff Member #1 stated not more than 50% of the time the Tenant needed a two person transfer. Staff Member #3 stated 50% of the time the Tenant needed a two person transfer. Progress Notes dated 5-3-11 indicated the Tenant was unable or would not bear weight and was lowered to the floor by two staff members. The Tenant required two staff for toileting and when transferred from the wheelchair to the recliner. The most recent service plan was updated 5-17-11 and indicated the Tenant transferred from sit to stand with one staff member. The service plan was not updated as needed and did not indicate the Tenant's identified needs and preferences for assistance.

  Tenant #3 (the Tenant), an 86 year old, was admitted on 1-6-09 and diagnoses include: Anemia, Atrial Fibrillation, Depression, Diabetes Mellitus (DM) II, Gout, Hypertension (HTN), Hyperlipidemia and Renal Insufficiency. Progress Notes dated 5-24-11, indicated on 5-22-11 the Tenant's family brought in orders for anti-embolism hose and wrist splints. The service plan did not indicate the new order for the wrist splints. The service plan reflected anti-embolism hose. The service plan did not indicate the Tenant's identified needs and preferences for assistance.

- 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))

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))

C. Nurse Review

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Six tenant files were reviewed.

Tenant #3's file was reviewed. A 90-day nurse review was last completed on 2-10-11. A 90-day nurse review was not completed every 90 days. Progress Notes dated 5-24-11, indicated on 5-22-11 the Tenant's family brought in orders for anti-embolism hose and wrist splints. A nurse review was not completed as needed to add the splints to the service plan. The service plan reflected anti-embolism hose. Nurse review was not completed as needed and every 90 days.

Tenant #4, a 97 year old, was admitted on 12-14-09 and diagnoses include: Severe Aortic Stenosis, Lymphoma, DM II, HTN, Osteoporosis, Diabetic Neuropathy, Chronic Anemia, Renal Failure Stage II, Gastritis, Anxiety, Hyperlipidemia, History of Upper Gastrointestinal Bleed and Glaucoma. A 90-day nurse review was last completed on 1-25-11. A 90-day nurse review was not completed every 90 days.

- Regulatory Insufficiency: If a tenant does not receive personal or health related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 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))

D. Staffing

Complaint Allegation: It was alleged tenants were mistreated by an administrative staff member.

- Monitoring Observation: Five tenants were interviewed. They reported they had not been mistreated by any staff. The tenants reported they were treated with respect. Staff Members #1, #2 and #3 reported none of the tenants had been mistreated by any staff. Tenant council meetings for the past three months were reviewed and there had been no complaints voiced regarding staff treatment of the tenants. A suggestion box was available at the program for tenants to make a complaint or suggestion anonymously and those comments were addressed at the monthly tenant council meeting.

- Regulatory Insufficiency: None noted.

E. Other

Complaint Allegation: It was alleged an administrative staff member did not listen to the tenants.

- Monitoring Observation: Five tenants were interviewed and indicated most staff were approachable to go to with concerns. The tenants reported they went to the Nurse with concerns and most tenants reported they could go to the Director; however, several of the tenants had not gone to her. A suggestion box was available

at the program for tenants to make a complaint or suggestion anonymously and those comments were addressed at the monthly tenant council meeting.

The tenants identified two concerns. One concern was when a tenant's family member was contacted regarding an issue instead of the tenant. The tenant made all of his/her own decisions and was not pleased a family member was contacted instead of the tenant. Another concern was the time it took to get the whirlpool repaired. It was reported the whirlpool had not worked for approximately one month; however, it worked at the time of the investigation.

The Director indicated the whirlpool functioned at the time of the investigation and a new whirlpool was ordered and would be installed by the end of the month.

- Regulatory Insufficiency: None noted.

Dated this 21st day of July, 2011.