IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Incident Intake #'s: 34469-I
34722-I

July 29, 2011

Annette Grochala, Director
Bickford Cottage of Urbandale
5915 Sutton Place
Urbandale, IA 50322

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

Dear Ms. Grochala:

I. Final Incident Investigation Report – Bickford Cottage, Urbandale, IA

Enclosed is the **Final Incident 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: Policies and Procedures, Evaluation and Service Plans. **Bickford Cottage** ("Program") is being assessed a $3,000 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 one thousand nine hundred and fifty dollars ($1950) 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 $3,000 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on July 21, 2011, has been reviewed and will constitute the final POC related to the on-site visit of June 27, 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/Incident Investigation Report

Assisted Living Program:

Bickford Cottage of Urbandale
Annette Grochala, Director
5915 Sutton Place
Urbandale, IA 50322

Complaint/Incident Intake #:

34469-I
34722-I

Date of Complaint/Incident Investigation:

June 27, 2011

Monitor(s):

Joyce Kix, RN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	20
Number of tenants with cognitive disorder:	15
Total Population of Program at time of on-site	35
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	5
TOTAL census of Assisted Living Program	40

Program History – The program received regulatory insufficiencies in the areas of occupancy agreement, evaluation, nurse review, food service, staffing, dementia specific education, record checks and policy and procedure during the during the complaint investigation of May 18 and 19, 2011. The program received regulatory insufficiencies in the areas of nurse review and staffing during the recertification on-site of November 15, 2010.

Complaint/Incident Investigation – The monitor reviewed incident reports, the clinical records of Tenants #1, #2, and #3 and interviewed the program Nurse, resulting in the following observations:

The following information was identified during the incident investigation.

A. Policies and Procedures

- Monitoring Observation: Tenant #1, a 78 year old, was admitted to the secured dementia unit on 11-26-10 with diagnoses of Atrial Fibrillation and Memory Loss. Tenant #1 scored at a five on the Global Deterioration Scale (GDS) of 5-24-11, which indicated moderately severe cognitive decline. The clinical record contained a fax to the physician dated 5-2-11 which documented Tenant #1 had become very aggressive on 5-1-11, grabbing an aide's arm, squeezing and digging his/her nails in, throwing water on the certified nurse aide (CNA) and another tenant , grabbing the CNA and attempting to strike her face and pushing her head into a chair. Tenant #1 would not allow the CNA to use the walkie-talkie to summon help. Tenant #1 then grabbed knives and attempted to stab the CNA. Tenant #1 then threw the silverware at the aide and was able to bite the aide's arm. Additional incidents of aggression occurred on 5-12 and 18-2011 for which the program initiated a 30 day discharge notice 5-24-11. The program nurse was unable to provide documentation of completion of an incident report for the incident which occurred on 5-1-11.

- Regulatory Insufficiency: The program's policies and procedures on incident reports, at a minimum, shall include the following: (a.) The program shall have available incident report forms for use by program staff. (b.) An incident report shall be in detail and shall be provided on an incident form. (c.) The person in charge at the time of the incident shall prepare and sign the report. (d.) The incident report shall include statements from individuals, if any, who witnessed the incident. (e.) All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. (f.) A copy of the completed incident report shall be kept on file on the program's premises for a minimum of three years. (IAC r. 481-67.2(1)a, b, c, d, e, and f)

B. Staffing

Complaint/Incident Allegation #34469-I: The program reported a tenant (Tenant #1) struck another tenant (Tenant #2) on the face and forehead on 6-9-11.

- Monitoring Observation: Tenant #2, an 81 year old, was admitted to the secured dementia unit on 4-14-11 with diagnoses of: Vascular Dementia, Cerebral Vascular Accident, and Hypertension (HTN). Tenant #2 scored at a five on the GDS of 5-13-11, which indicated moderately severe cognitive decline. The clinical record contained documentation of an altercation between Tenant #1 and Tenant #2 on 5-18-11 in which Tenant #2 put his/her hands around Tenant #1's neck and was yelling. Before they could be separated, Tenant #2 struck Tenant #1 on the arm and buttock causing Tenant #1 to cry. No injuries were identified. Another altercation occurred on 6-9-11 during which Tenant #1 struck Tenant #2 on the face and forehead, leaving red marks. Tenant #1 had been issued a 30-day notice to discharge on 5-24-11due to aggressive behaviors. Tenant #1 was transferred to the emergency room and had not returned to the program.

- Regulatory Insufficiency: None Noted.

C. Evaluation

Complaint/Incident Allegation #34722-I: The program reported Tenant #3 fell resulting in a subarachnoid hemorrhage of the right brain.

- Monitoring Observation: Tenant #3, a 90 year old, was admitted 5-15-11 to the general population with diagnoses of: Congestive Heart Failure, Atrial Fibrillation, HTN, and Dementia. Tenant #3 scored 23 of 30 on the Mini Mental State Examination which indicated mild cognitive decline. The initial service plan of 5-15-11 indicated Tenant #3 was independent with ambulation using a walker. The clinical record contained documentation of excoriation of the buttocks and coccyx on 5-19-11 which required staff assistance with peri-care and topical ointment. The Progress Note of 5-20-11 documented the aides were advised to encourage the tenant to lie in the bed to take pressure off the buttock and to encourage fluids. The Progress Note of 5-23-11 indicated Tenant #3 had an unresponsive episode and was transferred

to the emergency room (ER) and returned to the program with no changes. Another note from 6-6-11 documented Tenant #3 continued to not eat and drink well and had another unresponsive episode while staff was toileting him/her. Again, Tenant #3 was transferred to the ER. Tenant #3 returned to the program and on 6-8-11, the program nurse requested employees obtain a weekly weight. Tenant #3 experienced another unresponsive episode on 6-10-11. The nurse failed to complete cognitive, functional and health evaluations with the demonstrated condition changes listed above.

The clinical record for Tenant #1 contained cognitive, functional and health evaluations last completed 4-12-11. The clinical record noted the tenant experienced falls on 5-1 and 5-31-11. Communications with the physician included the following:
4-13-11 Increased agitation, grabbing at staff, raising fist to other tenants, crying episodes and insomnia. Two medication changes were ordered.
5-1-11 Became aggressive and combative, attempted to injure staff by squeezing arm, biting and stabbing with silverware. One medication change was ordered.
5-3-11 In addition to recent behavior outbursts, Tenant #1's room has strong urine smell and the tenant has increased incontinence. A laboratory test was ordered.

An incident report dated 5-12-11 documented the Tenant #1 had thrown water on the Staff #1 and stabbed her with silverware. The Nurse reported that Staff #1 terminated her employment due to the incident.

An incident report dated 5-18-11 documented an altercation between Tenant #1 and Tenant #2. Tenant #1 was issued a 30-day notice to discharge on 5-24-11. The clinical record lacked evidence of cognitive, functional or health evaluations completed with the noted falls and condition changes from 4-13 to 5-24-11.

- 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))

The following information was identified during the incident investigation.

D. Service Plans

Monitoring Observation: The clinical record for Tenant #1 contained cognitive, functional and health evaluations last completed 4-12-11. Communications with the physician and incident reports included the following:
4-13-11 Increased agitation, grabbing at staff, raising fist to other tenants, crying episodes and insomnia. Two medication changes were ordered.
5-1-11 Became aggressive and combative, attempted to injure staff by squeezing arm, biting and stabbing with silverware. One medication change was ordered.
5-3-11 In addition to recent behavior outbursts, Tenant #1's room has strong urine smell and the tenant has increased incontinence. A laboratory test was ordered.

5-12-11 Tenant #1 had thrown water on the Staff #1 and stabbed her with silverware. The Nurse reported that Staff #1 terminated her employment due to the incident.
5-18-11 Documented an altercation between Tenant #1 and Tenant #2.
5-24-11 Tenant #1 was issued a 30 day notice to discharge.
The nurse failed to up-date the service plan with interventions for staff to follow regarding aggressive behaviors.

Tenant #3 was admitted 5-15-11. Between 5-19 and 6-10- 11, Tenant #3 experienced three nonresponsive episodes and a skin breakdown. The nurse documented in the progress notes that staff members were to encourage the tenant to lie down to relieve pressure, encourage fluids, and obtain a weekly weight. A topical cream was ordered to be applied twice a day and staff members provided toileting assistance. The nurse failed to up-date the service plan with these changes until the required 30-day evaluation was completed on 6-13-11.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))

Dated this 29th day of July 2011.