IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 36161-C

November 2, 2011

Ms. Laura Brock, Administrator
Bickford Cottage of Davenport
4040 East 55th Street
Davenport, IA 52806

RE: Final Complaint/Incident Investigation Report – Bickford Cottage of Davenport, Davenport, IA

Dear Ms. Brock:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of October 24 and 25, 2011, 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. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Laura Brock, Administrator
Bickford Cottage of Davenport
4040 East 55th St.
Davenport, Iowa 52806

Complaint/Incident Intake #:

36161-C

Date of Complaint/Incident Investigation:

October 24 and 25, 2011

Monitor(s):

Maribeth Freland 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.

General Population Program	
Number of tenants without cognitive disorder:	16
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	18

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	5
TOTAL census of Assisted Living Program	23

Program History – The program received regulatory insufficiencies during this certification period in the area of Dementia Specific Education.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Tenant Rights

Complaint/Incident Allegation: It was alleged a tenant's requests for assistance using the program's emergency response system were either delayed by 15 to 20 minutes routinely or were not responded to at all. It was also alleged the program attempted to coerce a tenant into changing his/her story related to concerns with the program by calling in corporate management, causing the tenant to fear reprisal and increase the tenant's anxiety level.

- Monitoring Observation: The monitor reviewed the Home Free Call Button Reports for Tenants #1, #2, #5, #6, #7 and #8 for the period of 9-20-11 through 9-29-11. The six tenants utilized the emergency call system a total of 500 times during this time period. The reports documented staff members took longer than 15 minutes to respond to tenant requests two of the 500 times the tenants used the system.

  The monitor interviewed Tenants #1 and #3, both cognitively aware tenants currently living at the program. Both denied concerns with staff member response with use of the emergency call system. Tenant #1 used the Home Free Call Button System. Tenant #3 used the program's pull cord system, which had no response tracking system.

The monitor reviewed the clinical record of Tenant #2, a discharged tenant. Documentation indicated Tenant #2 used the program's pull cord system from admission on 7-25-11 until 9-20-11, at which time it was determined Tenant #2 had difficulty pulling the cord at the angle from where his/her bed was placed; therefore, the program initiated the use of the Home Free Call Button System on 9-20-11.

The monitor reviewed the clinical records of Tenants #2 and #4, both tenants who were discharged from the program in the previous three months. Neither record documented any meetings with corporate management.

- Regulatory Insufficiency: None noted.

B. Medications

Complaint/Incident Allegation: It was alleged program staff members administered medication in a dose exceeding the physician's order.

- Monitoring Observation: The monitor reviewed the clinical records of Tenants #1, #2, #3 and #4. The monitor found no concerns related to medication errors for Tenants #2 or #3. The program presented the monitor with medication error reports which documented omission of one medication on one occasion for Tenant #4 and omission of one medication on one occasion for Tenant #1. The medication error reports also documented a double dose of one medication was administered to Tenant #4 on one other occasion.

  The program had self identified these medication errors and followed up appropriately with staff members involved in the errors, resulting in no insufficiency noted.

- Regulatory Insufficiency: None noted.

C. Staffing

Complaint/Incident Allegation: It was alleged program staff members were not appropriately trained to take care of a urinary catheter.

- Monitoring Observation: The monitor reviewed the clinical records of Tenant #2 and Tenant #3, both tenants who utilized urinary catheterization.

  Tenant #2 (the Tenant), had an admission date of 7-25-11, a discharge date of 9-29-11, and documented diagnoses of Congestive Heart Failure, Cardiomyopathy and Benign Prostatic Hypertrophy. According to the cognitive assessment tool completed on 8-22-11, the Tenant experienced no cognitive decline. Tenant #2 utilized an indwelling urinary catheter while residing at the program.

  Program staff assisted the Tenant with changing his/her urinary catheter bag from a leg bag to a bed bag in the evening and from a bed bag to the leg bag in the morning. Changing of the catheter itself was performed at the Tenant's physician's office.

Tenant #3 (the Tenant), had an admission date of 8-19-11 and documented diagnoses of Hypertension (HTN), Coronary Artery Disease, Urinary Retention and Mild Dementia. According to the cognitive assessment tool completed on 8-19-11, the Tenant experienced no cognitive decline. Tenant #3 performed self catheterization without staff member assistance with the process.

Documentation indicated Staff #1, #2, #3, #4, #5, #6 and #7, all certified nursing assistants responsible for Tenant #2's care during his/her stay at the program, received training related to catheter care prior to caring for Tenant #2 independently. All reported working with catheters in the past either at the program or other places of employment.

- Regulatory Insufficiency: None noted.

D. Criteria for Admission and Retention

- Monitoring Observation: The monitor reviewed the clinical records of Tenants #1, #2, #3 and #4. Tenants #2 and #4 no longer lived at the program. The clinical records documented both tenants did not exceed the assisted living level of care.

  Tenants #1 and #3 currently lived at the program. Observations of the tenants and review both tenants' clinical records indicated neither exceeded the assisted living level of care.

- Regulatory Insufficiency: None noted.

E. Service Plans

Complaint/Incident Allegation: It was alleged the program did not follow an individualized service plan to assure laboratory testing occurred as ordered by the physician.

- Monitoring Observation: The monitor reviewed the clinical records of Tenants #1 and #2, both who took Coumadin, a blood thinner requiring routine laboratory testing to assure a therapeutic level is being maintained.

  Tenant #1 (the Tenant), had an admission date of 9-8-11 and documented diagnoses of HTN, Peripheral Vascular Disease and History of Stroke. According to the cognitive assessment tool completed on 9-8-11, the Tenant experienced no cognitive decline. Tenant #1's service plan documented the program nurse would assist the Tenant in follow up laboratory testing related to Coumadin administration and associated Prothrombin times.

The Tenant's clinical record included physician's orders for Prothrombin testing on 9-9-11, 9-14-11, 9-21-11, 10-5-11 and 10-12-11. Documentation indicated the Tenant received phlebotomy to draw blood for Prothrombin testing on all of the above stated dates. The clinical record contained documentation of laboratory results for all of the above stated dates.

Tenant #2's (the Tenant) service plan documented the program nurse would assist with him/her with follow up laboratory testing related to Coumadin administration and associated Prothromin times.

The Tenant's clinical record included physician's orders for Prothrombin testing on 7-21-11, 7-28-11, 8-3-11, 8-10-11, 8-17-11, 9-14-11, 9-21-11 and 9-29-11. Documentation indicated the Tenant received phlebotomy to draw blood for Prothrombin testing on all of the above stated dates. The clinical record contained documentation of laboratory results for all of the above stated dates.

The monitor found all physicians' orders related to laboratory testing to be followed appropriately.

- Regulatory Insufficiency: None noted.

F. Other

Complaint/Incident Allegation: It was alleged the program refused to allow a release of notification requiring 30 day notice, requiring a tenant to pay for 30 days following the notification even if the tenant would leave the apartment prior to 30 days.

- Monitoring Observation: The monitor reviewed the Occupancy Agreements signed by Tenants #1, #2, #3 and #4. All of the Occupancy Agreements included the requirement for each tenant to give a 30 day prior written notice when voluntarily vacating the premises. The Agreement indicated each tenant would be liable for 30 days of rent at his/her existing rate from the day which written notice was given.

- Regulatory Insufficiency: None noted.

Dated this 1st day of November 2011.