IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 36861-C

December 20, 2011

Ms. Heidi Garton, Administrator
Bickford Cottage Assisted Living
5050 Hawthorne Drive
West Des Moines, IA 50265

RE: Final Complaint/Incident Investigation Report, Bickford Cottage Assisted Living, West Des Moines, Iowa

Dear Ms. Garton:

Enclosed is the **Final Complaint/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.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Complaint/Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiency, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
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:
Heidi Garton, Administrator
Bickford Cottage Assisted Living
5050 Hawthorne Drive
West Des Moines, IA 50265

Complaint/Incident Intake: #36861-C

Date of Complaint/Incident Investigation:

November 28, 2011

Monitor(s):

Hal L. Chase, RN BSN MPH

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 Dedication	
Number of tenants without cognitive disorder:	28
Number of tenants with cognitive disorder:	22
Total Population of Program at time of on-site	50
TOTAL census of Assisted Living Program	50

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

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

A. Service Plans

Complaint/Incident Allegation: It was alleged a tenant routinely refuses personal related cares. It was alleged a tenant had touched staff inappropriately and had made sexual comments to staff. It was alleged a tenant had made suicidal statements..

- Monitoring Observation: Three files were reviewed. Tenant #1, (the Tenant) an 84 year old, was admitted on 5-15-11 and had diagnoses of: Dementia, Adjustment Disorder with Depressed Mood, Status Post Total Hip Replacement of Right Hip, Insulin Dependent Diabetes Mellitus and Hypertension (HTN). A cognitive evaluation was completed on 9-9-11 and the tenant scored 28/30, which indicated no or mild cognitive decline. The Tenant's service plan of 9-9-11 indicated the Tenant was independent with activities of daily living (ADLs) and was administered medication from the Program. Progress notes of 5-31-11 through 6-14-11 indicated the Tenant had episodic events related to anger; throwing things at a family member and making threats, barricading himself/herself in his/her apartment and was easily agitated. Progress notes of 6-16-11 indicated the Program Nurse recommended Geriatric Psychiatric admission related to behaviors. The Program forwarded a psychological initial evaluation report of 7-13-11 to the Tenant's physician, which indicated Depression and Agitation. The Tenant was prescribed Celexa 20mg daily. Progress notes of individual therapy sessions with a psychologist from 7-21-11 and 11-15-11 indicated the Tenant was still upset and tearful at times. The Tenant was sad, angry and upset because he/she could not return to where he/she lived and felt people had locked him/her away from everything for no reason. Progress notes of 9-9-11 indicated the Tenant had no noted behaviors in the last 90-days.

  Three staff members were interviewed. Staff #1 and Staff #2 identified the Tenant as having suicidal ideation. Staff #1 stated the Tenant had recently made statements of wanting to kill himself/herself if he/she can't return home. Staff #2 stated the Tenant had made statements he/she would rather be dead than to live at the Program and not

his/her home. The service plan of 9-9-11 did not establish interventions related to the Tenant's agitation, anger and risk of self-harm.

Tenant #2, (the Tenant) a 70 year old, was admitted on 11-8-10 and had diagnoses of: Alcohol Abuse, Dementia, Hyperlipidemia, Depression and Nicotine use. A cognitive evaluation was completed on 11-17-11and the Tenant scored of 27/30, which indicated no or mild cognitive decline. Program documentation indicated the Tenant was assigned a guardian and conservator. A service plan of 11-17-11 indicated the Tenant was independent with ADLs and was administered medication by the Program. Staff #1, #2 and #3 identified the Tenant as someone who routinely refuses to bathe and change clothes. Staff #1 stated staff had been asked to re-approach the Tenant when assisting with bathing and changing of clothes. Staff #2 stated she approached the Tenant to bath and he/she routinely refuses. When the Tenant bathes, he/she will continue to wear the same clothes repeatedly. Staff #3 stated the Tenant routinely refuses to bath and change clothes. Staff has been asked to re-approach, to encourage the Tenant to bathe and wear clean clothes. The Program did not establish interventions related to the Tenant's refusal to bathe and wear clean clothes.

Tenant #3, a 74 year old, was admitted on 4-19-11 and had diagnoses of: Status Post Left Hip Fracture, Aortic Valve Disease, Hyperlipidemia, HTN and Diabetes Mellitus II. A cognitive evaluation was completed on 11-10-11 and the Tenant scored of 21/30, which indicated mild or moderate cognitive decline. The Tenant's service plan of 11-10-11 indicated the tenant needed assistance with ADLs. Staff #1, #2 and #3 were interviewed and identified the Tenant being sexually inappropriate toward staff. Staff #1 stated two weeks ago the Tenant placed his/her hand on her buttocks and moved his/her hand up to her vaginal area. The Tenant makes comments of sexual comments and she has told the Program Nurse. Staff #2 stated the Tenant initially kissed her on the cheek and has made sexually statements, including a recent statement to her "you could f... the socks off a guy." Staff #3 stated the Tenant had made sexual remarks related to her body and makes sexual suggestions. She did not give specific examples. The Program did not establish interventions related to the Tenant's sexual inappropriateness toward staff.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate; at a minimum the tenant's identified needs and preferences for assistance. For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interest. (IAC r. 481-69.26(4)(a))