IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 37713-C

March 26, 2012

Ms. Megan Johnson, Director
Bickford Cottage Marion
1100 Linden Drive
Marion, IA 52302

RE: Final Complaint/Incident Investigation Report, Bickford Cottage Marion, Marion, Iowa

Dear Ms. Johnson:

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

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

Assisted Living Program: **Complaint/Incident Intake #:** 37713-C

Megan Johnson, Director
Bickford Cottage Marion
1100 Linden Drive
Marion, IA 52302

Date of Complaint/Incident Investigation:

February 27 & 28, 2012

Monitor(s):

Stephanie Cummins, MA

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:	16
Number of tenants with cognitive disorder:	10
Total Population of Program at time of on-site	26

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	7
TOTAL census of Assisted Living Program	33

Program History – The Program received a regulatory insufficiency in the area of staffing during the October 18, 2011 Recertification visit.

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

A. Medications

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

- Monitoring Observation: Tenant #1, an 85 year old, was admitted on 4-3-06 and diagnoses include: Congestive Heart Failure, Dementia, Edema (lower extremities), Gastro Esophageal Reflux Disease, Hypertension (HTN), Hyperlipidemia, Hypothyroidism, Right Shoulder Pain, Renal Insufficiency, Tronchanter Bursitis and Onchomycosis. Tenant #1 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia unit.

  According to a Physician's Order Sheet, Albuterol Neb 0.083% one vial every four hours as needed was ordered 1-3-12. On 1-28-12 a Z pak as directed and Albuterol Nebules (2.5 mg/3 cc) one every six hours while awake for one week was ordered. The RN Coordinator indicated on 1-28-12 Tenant #1 presented with persistent coughing, congestion and wheezing. Tenant #1's family member was notified and took Tenant #1 to a walk in clinic. Tenant #1 returned with an order for Albuterol nebulizer treatments. Orders were faxed to the pharmacy. The RN Coordinator received a call from staff on 1-29-12 that the Albuterol had not arrived. She instructed staff to call the pharmacy and she also called the pharmacy and was put into a voicemail system. At approximately 2:00 p.m. on 1-29-12 the RN Coordinator assessed Tenant #1 who had excessive coughing and wheezing. At that time she

borrowed one vial of Albuterol solution from another tenant. The medication was the same concentration and strength. The RN Coordinator indicated it was not her normal practice to borrow medications from other tenants. She replaced the borrowed dose on 1-30-12 when Tenant #1's supply arrived.

- Regulatory Insufficiency: Any nursing services shall be provided in accordance with Iowa Code chapter 152 and 655-Chapter 6. (IAC r. 481-67.9(5))

B. Service Plans

Complaint/Incident Allegation: It was alleged a tenant was no longer able to care for his/her pet.

- Monitoring Observation: According to a Program record, Tenants #3, #4, #5 and #6 had pets. There was also a Program pet in the dementia unit. Four tenant files were reviewed.

  Tenant #3, an 85 year old, was admitted on 12-12-10 and diagnoses include: Cellulitis of Leg, Depressive Disorder, Elevated Sediment Rate, Hematemesis, HTN and Memory Loss. The service plan reflected Tenant #3 was independent with the care of Tenant #3's pet.

  Tenant #4, an 83 year old, was admitted on 10-8-11 and diagnoses include: Transient Ischemic Attack and Alzheimer's Dementia with Impaired Short Term Memory. The service plan reflected staff assisted with the care of Tenant #4's pet.

  Tenant #5, a 70 year old, was admitted on 6-3-09 and diagnoses include: Alzheimer's Disease, HTN and Hyperlipidemia. Tenant #5 was staged at a five on the GDS, which indicated moderately severe cognitive decline. The service plan reflected Tenant #5 was independent with the care of Tenant #5's pet. Staff #2, #3, #5 and the Director indicated staff assisted with Tenant #5's pet care. The Director said Tenant #5 received reminders to feed the pet and take the pet outside. The service plan did not reflect staff assistance with pet care. While a deviation from the requirements of the rules was found, it did not meet the standard set forth in rule 67.10(3) for determining that a regulatory insufficiency exists.

  Tenant #6, a 72 year old, was admitted on 6-3-10 and diagnoses include: Bipolar, Osteoarthritis, Hypothyroidism, and Chest Pain. The service plan reflected staff assisted with the care of Tenant #6's pet.

- Regulatory Insufficiency: None noted.

C. Other

Complaint/Incident Allegation: It was alleged a tenant's pet was aggressive. It was alleged a tenant's apartment had a bad odor. It was alleged administrative staff was made aware of the concerns and nothing was done.

- Monitoring Observation: According to a Program record, Tenants #3, #4, #5 and #6 had pets. There was also a Program pet in the dementia unit.

  Tenant council meeting minutes were reviewed for the past three months. There were no concerns noted regarding pets in the building. A tenant interview indicated were no concerns with pets in the building.

  The monitor walked around the building throughout the investigation and did not observe any odors. The four tenant apartments that had pets were observed. Tenant #3's apartment had an odor; however, the odor could not necessarily be attributed to a pet and was not a strong odor. Tenant #5's apartment had a pet odor; however, it was not an odor of pet urine or feces. It was just a general pet odor and was not a strong odor. The odors were not in the hallway and an air freshener was observed in the hallway. The building appeared to be clean and free of odors.

  Staff #1 said Tenant #3 and Tenant #5 had pet odors in their apartments; however, it was just an animal smell. She said there were no odors coming into the hall or affecting others. Staff #3 said Tenant #5's apartment had a pet odor and Tenant #3's apartment had an odor possibly related to hygiene and food in the apartment. Staff #5 said staff kept up on any odors and they were taken care of immediately. The RN Coordinator said the hallways did not have any pet odors. She said Tenant #3's apartment had an odor and she did not think it was the pet. She said Tenant #5's apartment had a pet kennel odor. The Director said there were no odors in the hallways or apartments. She said there had been no complaints from tenants regarding pet odors.

  Incident reports for the past three months were reviewed and did not reveal any incidents involving incidents with pets and visitors, other animals, tenants or staff.

  Staff #1 said awhile back there had been one incident where Tenant #5's pet bit a visitor on the leg but the pet barely got the visitor. There were no other issues and that was the only incident. Staff #2 said approximately one year ago Tenant #5's pet bit a doctor and had barked at the maintenance person but did not bite him. Staff #3 said probably longer than six months ago Tenant #5's pet nipped at an eye doctor that visited another tenant. She said there were no issues with tenants and there had been no recent issues. Staff #4 said there had been no recent issues with Tenant #5's pet; however, she did worry about it around strangers. Staff #5 was not aware of any issues where a pet had been aggressive. The RN Coordinator said Tenant #5's pet nipped a physician almost a year ago. She said there had been no instances with Tenant #5's pet and other tenants or families. She said some staff was not comfortable with Tenant #5's pet; however, there had been no actual incidents. She said Tenant #5's pet was not a threat. The Director said there had been no incidents with pets towards other tenants, staff or other people. She said Tenant #5 was redirected with his/her pet. She said Tenant #5's pet was in the apartment a lot and was always on a leash.

  Staff #1, #4 and #5 said staff could go to administrative staff with concerns. The RN Coordinator and Director said staff could go to administrative staff with concerns.

Staff interviews indicated there had been an incident with a visitor and Tenant #5's pet; however, it was not a recent issue. Incident reports for the past three months did not reveal any incidents with any pets in the building. The building was clean and sanitary. There were no odors observed in the hallways. There were minor odors in two apartments; however, the odors were not strong and did not appear to affect others. Tenant council meeting minutes and a tenant interview did not indicate any concerns related to pet issues in the buildings.

- Regulatory Insufficiency: None noted.