IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 39388-I

June 22, 2012

Ms. Heidi Fristo, Director
Bickford Cottage WDM
5050 Hawthorne Drive
West Des Moines, IA 50265

RE: Final Complaint/Incident Investigation Report – Bickford Cottage WDM, West Des Moines, IA

Dear Ms. Fristo:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of June 20, 2012, 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 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

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:

Heidi Fristo, Director
Bickford Cottage West Des Moines
5050 Hawthorne Dr.
West Des Moines, Iowa 50265

Complaint/Incident Intake #:

39388-I

Date of Complaint/Incident Investigation:

June 20, 2012

Monitor(s):

Maribeth Freland RN
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:	32
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	43
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	50

Program History – The program received regulatory insufficiencies in the areas of: Occupancy Agreement, Medications, Food Service and Staffing during the Recertification on site of April 19, 2011. The program received a regulatory insufficiency in the area of Service Plan during the November 28, 2011 Complaint (36861-C) investigation.

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

Staffing

Complaint/Incident Allegation: The program reported Tenant #1 and Tenant #2 each fell on separate occasions, resulting in fractures requiring hospitalization.

- Monitoring Observation: Tenant #1, an 86 year old, was admitted to the program on 2-17-09 with diagnoses of: Dementia, Depression, Hypertension (HTN) and a history of Urinary Tract Infections. Tenant #1 scored a 4 on the Global Deterioration Scale (GDS) completed on 4-30-12 and 5-30-12, indicating moderate cognitive decline. Tenant #1 resided in the program's general population area.

  Tenant #1's evaluation, dated 3-1-12, documented Tenant #1 transferred and ambulated independently while using a walker. Tenant #1 fell in his/her apartment on 4-30-12, resulting in a non-displaced fracture of the left hip and a fracture of the left clavicle, requiring medical evaluation at a local hospital. Tenant #1's service plan, dated 4-30-12, documented Tenant #1 would require stand by assistance of a staff member to transfer and ambulate upon his/her return from the hospital. Tenant #1 had no documented falls prior to the fall on 4-30-12.

Staff members assisted Tenant #1 with all transfers and ambulation from 4-30-12 and 5-30-12. Tenant #1 used Hydrocodone for hip pain almost daily from 4-30-12 through 5-16-12. Tenant #1 showed improvement in pain associated with the hip fracture and improvement in his/her ability to stand and ambulate independently between 5-16-12 and 5-30-12. On 5-30-12, the registered nurse (RN) completed an evaluation of Tenant #1, determining Tenant #1 could return to performing transfers and ambulation with a walker independently. Staff members verified Tenant #1 had improved and did begin to transfer and ambulate safely without staff member assistance. Tenant #1 had no documented falls between 4-30-12 and 5-30-12.

On 6-6-12, Tenant #1 pushed his/her pendent, alerting staff members to an emergent need. Staff members found Tenant #1 lying on the floor in his/her apartment, complaining of pain to the left hip and left knee. Tenant #1 was taken to a local hospital for medical evaluation. Tenant #1 was diagnosed with a displaced left hip fracture requiring surgery to repair. Tenant #1 was transferred to a skilled facility to rehabilitate following the hip repair and had not yet returned to the program at the time of the onsite visit.

Tenant #1 was independent with transfers and ambulation prior to both falls resulting in fractures. The program adequately addressed the falls and put appropriate interventions in place in an attempt to decrease Tenant #1's fall risk. Tenant #1 did not experience falls when the interventions were in place.

Tenant #2, a 94 year old, was admitted to the program on 11-12-10 with diagnoses of: Dementia, HTN, Stage 3 Chronic Renal Disease, Congestive Heart Failure, Atrial Fibrillation and Chronic Lower Extremity Edema. Tenant #2 scored a 6 on the GDS completed on 5-31-12, indicating severe cognitive decline. Tenant #2 resided in the program's general population area and visited the program's memory care unit for all meals to provide closer supervision and verbal encouragement while eating.

Tenant #2's evaluations, dated 1-17-12, 3-2-12 and 5-31-12, documented Tenant #2 required stand by assistance of one staff member with all transfers and staff member escort to and from meals. Tenant #2's clinical record indicated he/she experienced falls on 2-1-12 and 4-20-12 while in his/her apartment, resulting in minor skin tear to the elbow on both occasions. Tenant #2's clinical record indicated the program initiated use of a personal alarm following these falls. Staff members verified use of the personal alarm when Tenant #2 was left unattended in his/her apartment and indicated Tenant #2 did not routinely attempt to get up on his/her own. Tenant #2 had no documented falls between 4-20-12 and 6-4-12.

On 6-5-12, Tenant #2 was found by staff members lying in the hallway by his/her apartment. Tenant #2 had presumably stood unassisted and ambulated into the hallway without staff escort. Tenant #2 exhibited a black eye and complained of leg pain. Tenant #2 was transferred to a local hospital for medical evaluation. Tenant #2 was diagnosed with a comminuted intertrochanteric fracture of the right femur requiring surgery to repair. Tenant #2 was transferred to a skilled facility to rehabilitate following the femur repair and had not yet returned to the program at the time of the onsite visit.

Tenant #2 experienced sporadic falls. The program adequately addressed Tenant #2's previous falls and put appropriate interventions in place in an attempt to decrease Tenant #2's fall risk.

The monitors reviewed the clinical records of Tenant #3 and Tenant #4 as both had experienced multiple falls during the past three month period. The falls were isolated and sporadic. Neither suffered major injury subsequent to the falls and the program addressed the falls adequately.

- Regulatory Insufficiency: None noted.