IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 40048-I

August 31, 2012

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

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

Dear Ms. Fristo:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 29, 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, Administrator
Bickford Cottage West Des Moines
5050 Hawthorne Dr.
West Des Moines, Iowa 50265

Complaint/Incident Intake #:

40048-I

Date of Complaint/Incident Investigation:

August 29, 2012

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.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	29
Number of tenants with cognitive disorder:	14
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:

Service Plans

Complaint/Incident Allegation: The program reported a cognitively impaired tenant fell, resulting in major injury.

- Monitoring Observation: The monitor reviewed the program's incident reports from the previous three month period and chose clinical records of Tenants #1, #2 and #3, all cognitively impaired tenants who experienced multiple falls resulting in injury, for review.

  Tenant #1, an 86 year old, was admitted on 2-17-09 with the diagnoses of: Dementia, Depression and Hypertension (HTN). Tenant #1 scored a 5 on the Global Deterioration Scale (GDS) completed on 7-20-12 and 8-20-12, indicating moderately severe cognitive decline. Tenant #1 resided in the program's general population area. Tenant #1's clinical record contained a service plan, dated 5-30-12, which documented Tenant #1 transferred and ambulated independently. Tenant #1 was independent with toileting approximately 50 percent of the time, requiring staff member assistance only when incontinent. On 6-6-12 at approximately 6:00 a.m., Tenant #1 was found lying on the floor next to his/her bed. Tenant #1 fell, resulting in a fractured left hip. Tenant #1 was hospitalized for repair of the left hip fracture

and then transferred to a skilled nursing facility for rehabilitation. Tenant #1 returned to the program on 7-20-12.

The program nurse completed an evaluation of Tenant #1's functional, health and cognitive status on 7-20-12 and initiated a new service plan. The service plan, completed on 7-20-12, documented Tenant #1 now required the assistance of one staff member with all transfers and ambulation, required staff member assistance with all toileting tasks and now required multiple safety checks by staff members during the night. Tenant #1 was moved to an apartment closer to the common areas of the program to make closer observation of Tenant #1 easier. At approximately 8:20 p.m., staff members assisted Tenant #1 with personal care tasks in preparation for bedtime and assured Tenant #1 was in bed when leaving the apartment. Staff members returned to the apartment to check on Tenant #1 at approximately 9:30 p.m., finding Tenant #1 on the floor. Tenant #1 fell, resulting in a laceration above the eye which required medical evaluation. Tenant #1 was transferred by ambulance to a local emergency room for medical evaluation. During the medical evaluation, the physician determined Tenant #1 had a fractured cervical spine requiring hospitalization. Tenant #1 was admitted to the hospital and later was transferred to a skilled nursing facility for rehabilitation. Tenant #1 returned to the program on 8-20-12.

The program nurse completed an evaluation of Tenant #1's functional, health and cognitive status on 8-20-12 and initiated a new service plan. The service plan, completed on 8-20-12, documented Tenant #1 continued to require staff member assistance with transfers, ambulation and toileting. Staff members were to continue multiple night safety checks. Tenant #1's bed was replaced with a low bed, a cushioned mat was placed on the floor next to the bed whenever Tenant #1 was lying down and a pressure alarm was initiated to be used at all times. The alarm pressure pad was placed under Tenant #1 whenever he/she was in a chair or lying in bed. Whenever Tenant #1 attempted to move from sitting or lying to standing, the alarm sounded audibly. Tenant #1 was moved to another apartment that was even closer to the common areas of the program to make closer observation of Tenant #1 easier. Tenant #1 experienced no further falls since returning to the program on 8-20-12. The program initiated individualized interventions to meet Tenant #1's needs appropriately following the 6-6-12 fall and the 7-20-12 fall.

Tenant #2, an 80 year old, was admitted to the program on 6-21-12 with diagnoses of Dementia and Atrial Fibrillation. Tenant #2 scored a 5 on the GDS completed on 7-20-12, indicating moderately severe cognitive decline. Tenant #2 resided initially in the program's general population area. While in the general population area, Tenant #2 experienced four falls, resulting in minor injuries such as bruising and minor lacerations/skin tears. The program nurse completed an evaluation of Tenant #2's functional, health and cognitive status on 7-3-12 and initiated a new service plan. The service plan, completed on 7-3-12, documented Tenant #1 was independent with ambulation but required staff member escort to and from all meals and activities. The service plan documented initiation of a pressure alarm while in bed to notify staff members of Tenant #2's rising.

In mid-July 2012, Tenant #2 began wandering into other tenants'apartments and became agitated with other tenants, resulting in Tenant #2 being moved to the

program's secured memory care unit on 7-20-12. The program nurse completed an evaluation of Tenant #2's functional, health and cognitive status on 7-20-12. Tenant #2 fell on 7-21-12, 8-5-12, 8-9-12, 8-14-12 and 8-24-12, all resulting in either no injury or minor skin tears. Tenant #2's clinical record lacked any further evaluations or updates to the service plan despite the continued multiple falls.

Tenant #3 experienced multiple falls in April 2012 and July 2012. One fall in April 2012 resulted in a fractured shoulder and one fall in July 2012 resulted in a fractured wrist. The nurse adequately evaluated Tenant #3 following the falls and service planned to meet Tenant #3's individualized needs. Tenant #3 experienced no falls in May or June 2012 and only one fall in August 2012.

The program initiated service plan interventions to meet the individualized needs of Tenants #1 and #3. The program failed to initiate new interventions to address Tenant #2's continued multiple falls. While a deviation from the requirements of the rules was found, it did not meet the standard set forth in the rule 67.10(3) for determining that a regulatory insufficiency exits.

- Regulatory Insufficiency: None noted.