IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 40421-C

October 3, 2012

Ms. Jennifer Westfall, Director
Bickford Cottage of Ames
2418 Kent Avenue
Ames, IA 50014

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

Dear Ms. Westfall:

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 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:

Jennifer Westfall, Director
Bickford Cottage of Ames
2418 Kent Ave.
Ames, Iowa 50014

Complaint/Incident Intake #:

40421-C

Date of Complaint/Incident Investigation:

September 12 and 13, 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:	25
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	31
TOTAL census of Assisted Living Program	31

Program History – The program received regulatory insufficiencies in the areas of Criteria for Admission and Retention and Policy and Procedure during the July 10 and 11, 2012 Complaint Investigation (39840-C).

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 program tenants did not receive individualized personal care assistance to meet the needs of each tenant.

- Monitoring Observation: The monitor reviewed the clinical records of Tenants #1, #2 and #3, all tenants admitted to the program in the previous three month period. The monitor interviewed tenants as applicable.

  Tenant #1 and Tenant #2 both reported staff members assisted each with all tasks required to meet their individual needs.

  Tenant #3, a 96 year old, was admitted on 7-23-12 with diagnoses of: Diabetes and Dementia. Tenant #3 transferred to another assisted living program on 8-10-12. Tenant #3 answered 25 of 30 questions correctly on the Mini Mental Status Examination, completed on 7-5-12, indicating mild cognitive impairment. Tenant #3's initial evaluation, completed on 7-5-12 by the Registered Nurse (RN), indicated that Tenant #3 required assistance with shaving daily, experienced difficulty buttoning clothing items due to peripheral neuropathy secondary to diabetes, could not put on socks and shoes independently, required assistance with bathing/whirlpool due to safety reasons and required assistance with cutting up foods during meal times. Tenant #3's service plan, dated and printed on 7-23-12, directed staff members to assist Tenant #3 with shaving daily, assist with dressing in the morning and afternoons as needed, assist Tenant #3 to take a whirlpool twice weekly and to cut up foods during meal service.

The monitor interviewed Staff #1 and #2, both certified medication assistants, (CMA). Each indicated a list is kept in the program's communication book which is prepared by the nurse and used by the direct care staff members to show what tasks each tenant needed assistance with. When a new tenant is admitted, the nurse also completed an individual sheet describing things about the tenant and this sheet also listed the tasks the new tenant would need assistance with. The individual sheets are discarded a few days after admission but the list of all tenants remained in the communication book until a new list would be prepared to replace it.

The program's communication book included a schedule for each tenant, by apartment number, directing staff members when to assist with bathing, laundry and housekeeping. According to the schedules, Tenant #3 was to receive a whirlpool each Monday and Friday, housekeeping services every Friday and laundry services each Friday. The communication book also included a Resident Services Summary dated as last updated on 7-25-12. The Summary listed each apartment number and the tenants' name who resided in each apartment. The Summary had headings describing services which could be provided by staff members. Following each tenants name/apartment number, an X was placed in each column to direct staff members to assist the tenants with the task. If no X, the tenant did not require assistance. The apartment number used by Tenant #3 had a tenant name that had been corrected with white correction fluid. No tasks were identified with an X to indicate a need for assistance. No white correction fluid was visible on the original document under any of the headings. (The Regional Director concurred with this observation prior to copies being made for the monitor.) The Regional Director reported the Previous Program Manager used to transfer the information from the service plan completed by the nurse to the Resident Services Summary.

During interview, Staff #1, CMA, reported Tenant #3 did not require any assistance with personal care tasks while living at the apartment. Tenant #3 received assistance with housekeeping and laundry only. Staff #1 primarily worked the day shift and worked 12 of the 19 days Tenant #3 resided at the program.

During interview, Staff #2, CMA, reported Tenant #3 required assistance with cutting up foods during meal service and was independent with all other personal care tasks. Staff #2 primarily worked the day shift and worked 16 of the 19 days Tenant #3 resided at the program.

During interview, Staff #3, certified nursing assistant (CNA), reported she primarily worked the 4:00 p.m. to 8:00 p.m. shift with primary responsibilities being preparing and serving meals and assisting with whirlpool/showers as needed. Staff #3 reported Tenant #3 did not require any assistance during meal service. Staff #3 was unsure what Tenant #3's personal care assistance needs were as she had never assisted Tenant #3 with preparing for bed or a whirlpool. Staff #3 worked 11 of the 19 days Tenant #3 resided at the program.

During interview, Staff #4, licensed practical nurse (LPN), reported she primarily worked the night shift four days per week. The LPN reported Tenant #3 was independent with all personal care tasks. The LPN reported she had never had to assist with Tenant #3 "as night shift doesn't ever do whirlpools".

The monitor interviewed Tenant #3 who no longer resided at the program. Tenant #3 reported he/she required assistance with shaving, buttoning clothes, putting on socks and shoes, bathing in a tub and cutting up foods during meal service. Tenant #3 reported staff members did not routinely assist him/her with anything other than the whirlpool. Tenant #3 reported "doing the best" with the above stated tasks while living at the program. "I tried to use t-shirts with no buttons and shaved the best I could." Tenant #3 reported on occasion, when having too much difficulty getting his/her socks and shoes on, used the call light system to request assistance and then staff members would come and assist with putting the socks and shoes on. Tenant #3 reported staff members were friendly and did assist with the whirlpool twice weekly. Tenant #3 does not remember having the whirlpool less frequently than twice weekly. Tenant #3 reported a family member usually set up oral medications and Tenant #3 took them independently. Tenant #3 also reported monitoring blood sugars and administering insulin independently prior to admission to the program and while living at the program. (Since moving to a new assisted living program, an insulin pen is now being used, therefore staff members now assist Tenant #3 with this task).

The program nurse evaluated Tenant #3 prior to admission to the program, determining Tenant #3 required assistance with shaving daily, cutting up foods, buttoning clothes, putting on socks/shoes and bathing twice weekly. The program nurse completed a service plan on the same day as admission, directing staff members to assist with all of the above stated tasks; however, the program nurse failed to include this direction onto the Resident Services Summary used by direct care workers. Staff members reported a belief that Tenant #3 was independent with personal care tasks; therefore, staff members did not routinely assist Tenant #3. Tenant #3's identified needs were not met by the program.

- Regulatory Insufficiency: All tenants have the right to receive care, treatment and services which are adequate and appropriate. (IAC r. 481-67.3(2))

B. Evaluation

Complaint/Incident Allegation: It was alleged the program nurse did not accurately identify each tenants individualized needs.

- Monitoring Observation: The monitor reviewed the clinical records of four tenants who were admitted to the program in June, July or August 2012. All four tenants' clinical records included evaluations completed at the required regulatory timeframes. The monitor interviewed Tenants #1, #2 and #3 during the on-site visit. Tenants #1, #2 and #3 all reported requiring assistance with the same tasks identified in each tenants' evaluations completed by the program nurse. None of the three tenants reported an inability to perform a task without staff member assistance that had not already been identified as such on the evaluations.

- Regulatory Insufficiency: None noted.

C. Service Plans

Complaint/Incident Allegation: It was alleged the program did not complete initial service plans in a timely manner following admission to the program.

- Monitoring Observation: The monitor reviewed the clinical records of four tenants who were admitted to the program in June, July or August 2012. Tenants #1, #2, #3 and #4's clinical records all contained service plans dated as initiated by the program registered nurse on or prior to taking occupancy of the assisted living apartment. All four tenants' service plans accurately reflected each tenants identified needs as documented in the corresponding evaluations.

- Regulatory Insufficiency: None noted.

D. Tenant Documents

Complaint/Incident Allegation: It was alleged the program did not maintain all required documentation in each tenants' files.

- Monitoring Observation: The monitor reviewed the clinical and administrative records of four tenants who were admitted to the program in June, July or August 2012. Tenants #1 and #4's clinical and administrative records were found to be complete. Tenants #2 and #3's clinical records were complete; however, the administrative records for Tenants #2 and #3 did not include signed occupancy agreements or completed emergency code status forms. Initially the program was unable to locate occupancy agreements and emergency code status forms for Tenants #2 and #3. The Regional Director told the monitor that the Previous Program Manager would have completed the admission paperwork for Tenants #2 and #3. The Previous Program Manager no longer worked for the program. Prior to the initiation of the on-site visit, the Regional Director noted Tenant #3's occupancy agreement and emergency code status form was missing and could not be located. The Regional Director reported she had Tenant #3 sign a new emergency code status form and a new occupancy agreement approximately one and a half weeks after Tenant #3's admission. The Regional Director had not been aware of Tenant #2's missing documentation until the monitor requested the file. The Regional Director found a pile of documents in the Previous Program Manager's office when searching for other documents requested by the monitor. The original occupancy agreements and original emergency code status forms for Tenants #2 and #3 were found in the stack of papers, making the administrative files complete.

- Regulatory Insufficiency: None noted.

E. Food Service

Complaint/Incident Allegation: It was alleged the program did not provide special diets for tenants.

- Monitoring Observation: The monitor reviewed the program's menu cycle. The menus were created by a food service vendor and approved by a licensed registered dietician prior to being prepared for program tenants. The menus met the regulatory requirements for adequate nutrition. The program altered the consistency of menu items when a tenant's physician order such for a medical condition, such as ground meat, pureed consistency or thickened liquids. The program does not utilize separate menus for other types of diets, such as diabetic diets, renal diets or gluten-free diets. The regulatory rules do not require the program to do so. The program will adjust the regular menu's portion sizes or remove frosting from desserts to make them more diabetic-like. The program also provides all tenants with an alternate menu at tableside, allowing tenants a choice if they feel a food item is inappropriate for their diet or is not to their liking.

- Regulatory Insufficiency: None noted.