IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

April 17, 2013

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

RE: Final Recertification Monitoring Evaluation Report – Bickford Cottage West Des Moines, West Des Moines, IA

Dear Ms. Fristo:

Enclosed is the **Final Recertification Monitoring Evaluation 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 completed the review of your Plan of Correction (POC) in response to the **Preliminary Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Request for Reconsideration did not provide additional information that the program was in compliance with the regulation concerning criteria for exclusion of tenants at the time of the onsite. Therefore, the Request for Reconsideration has been denied. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0043** with effective dates of **April 30, 2013** through **April 29, 2015**.

If you have any questions in regard to this certification, 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 Recertification Monitoring Evaluation Report

Assisted Living Program:

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

Date of Monitoring Visit:

March 26, 2013

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 were provided by the Program at the time of the on-site.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	35
Number of tenants with cognitive disorder:	9
Total Population of Program at time of on-site	44

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	51

Tenant/Family Satisfaction Results – A community meeting was held with seven tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend it to others.

Program History – The program had no regulatory insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Criteria for Exclusion of Tenants

Monitoring Observation: Tenant #1, a 98 year old, was admitted to the program on 5-2-11 with diagnoses of: Blindness Secondary to Macular Degeneration, Hearing Loss, Dementia, Diabetes, Hypertension and Osteoarthritis. Tenant #1 scored a 7 on the Global Deterioration Scale (GDS) completed on 3/5/13, indicating very severe cognitive decline.

Tenant #1 was initially admitted to the dementia specific general population area. On 1-27-13 Tenant #1 was admitted to hospice services following a hospitalization for an e coli urinary tract infection. During interview, Tenant #1's hospice nurse reported Tenant #1's legal representative made the decision not to treat the urinary tract infection due to the extensive intravenous therapy required and made the decision to initiate hospice services for comfort care only.

On 1-30-13 the physician ordered Seroquel (an antipsychotic medication) 25 milligrams (mg) at bedtime due to Tenant #1's increased agitation and combativeness per the program's registered nurse request.

On 1-31-13 Tenant #1 was transferred to the program's memory care unit due to increased behavioral issues. The evaluation completed on 1-31-13 indicated Tenant #1 had been more agitated and was moved to the secured memory care unit where less environmental stimuli was present. The evaluation indicated Tenant #1 was able to ambulate with the assistance of one staff member and a walker, was able to toilet in the bathroom on a routine schedule and was able to mostly feed his/her self with minimal staff member assistance.

On 2-1-13 the physician ordered Ativan (an anti-anxiety medication) 0.5 mg every morning and on an as needed basis for agitation/combativeness per the hospice nurse request.

On 2-5-13 the physician ordered Fentanyl patch (a narcotic pain patch) 25 micrograms (mcg) to be applied every three days per the hospice nurse request.

On 2-18-13 Tenant #1 exhibited a pressure sore on the outside of the left heel and on the outside of the right heel on 3-12-13.

On 2-19-13 the physician decreased the Ativan order to 0.25 mg every morning due to Tenant #1's lethargy per the hospice nurse request.

During interview, Staff #2, certified nursing assistant/certified medication assistant (CNA/CMA), reported after approximately one week residing in the secured memory care unit Tenant #1 "went downhill fast". Staff #2 reported Tenant #1 became very dependent with all activities of daily living (ADLs), requiring total assistance with bathing, grooming and dressing. Staff members had to feed Tenant #1 on a routine basis. In mid-February Tenant #1 got a "blister" on the side of the heel. Tenant #1 stopped bearing weight, requiring the use of a wheelchair for all mobility. Tenant #1 was unable to self propel the wheelchair, becoming dependent on staff members for all mobility. Tenant #1 required staff members to lift him/her totally when going from one surface to another. Due to Tenant #1's inability to bear weight, staff members lay Tenant #1 down in bed to change his/her incontinence products following urination or defecation and to allow for ease of perineal cleansing.

During interview, Staff #3, CNA/CMA, reported after approximately three days of residing in the secured memory care unit Tenant #1 would not routinely bear weight, requiring the use of a wheelchair for all mobility. Tenant #1 was unable to self propel the wheelchair, becoming dependent on staff members for all mobility. Tenant #1 required staff members to lift him/her totally when going from one surface to another. Staff #3 reported she refused to transfer Tenant #1 without the assistance of two staff members for safety reasons and continued to use two staff members for Tenant #1's transfers from one surface to another via wheelchair currently. Due to Tenant #1's inability to bear weight, staff members lay Tenant #1 down in bed to change his/her incontinence products following urination or defecation and to allow for ease of perineal cleansing. Staff members had to feed Tenant #1 on a routine basis. Staff #3 reported Tenant #1 "had been this way since coming to the unit."

On 3-26-13 at 1:00 p.m. Tenant #1's hospice nurse visited Tenant #1 and reviewed the hospices' electronic clinical record with the monitor. The hospice admission assessment, dated 1-27-13, indicated Tenant #1 initially required the assistance of one staff member and a walker for transfers to a wheelchair, required staff members to feed Tenant #1, assistance with incontinence care and assistance of staff members to bathe, groom and dress. Tenant #1 was verbal and engaging in conversation. The hospice provided the wheelchair to Tenant #1 on 1-28-13.

The hospice assessment, completed on 2-14-13, documented Tenant #1 required maximum assistance with bathing, grooming, dressing, incontinence care and eating. The assessment indicated Tenant #1 was unable to speak or understand.

The hospice assessment, completed on 2-18-13, documented Tenant #1 required maximum assistance with bathing, grooming, dressing, incontinence care and eating. The assessment indicated Tenant #1 was now totally dependent upon staff members for transfers to and from the wheelchair and totally dependent upon staff members for mobility of the wheelchair. The hospice assessments, dated 3-4-13 and 3-18-13, documented the same assessment findings.

During interview, the hospice nurse reported Tenant #1 was initially ambulating with staff member assistance and a walker but stopped bearing weight after approximately two or three weeks into service, requiring staff members to lift Tenant #1 into the wheelchair for all transfers.

On 3-26-13 at 11:00 a.m. the monitor observed Staff #2 transfer Tenant #1 from a recliner into a wheelchair. Tenant #1 did not place either foot on the floor or bear any weight. Staff #2 placed both arms around Tenant #1's upper waist in a hug and lifted Tenant #1, pivoted and placed Tenant #1 into the wheelchair.

On 3-26-13 at 11:45 a.m. the monitor observed Tenant #1 during the lunch meal. Tenant #1 did not make any effort to eat independently. The hospice aide fed Tenant #1 the entire meal.

Tenant #1 was dependent with eating, transfers, mobility, bathing, dressing, grooming and incontinence care.

Regulatory Insufficiency: A program shall not knowingly admit or retain a tenant who requires maximal assistance with activities of daily living. (IAC r. 481-69.23(1)i)

B. Service Plan

Monitoring Observation: Tenant #1's service plan, dated 2-18-13 with updates made on 3-5-13, documented Tenant #1 required the use of a bed and chair alarm and required the use of a wander guard system (a system to prevent unauthorized exiting from the program's memory care unit and/or building). The same service plan documented Tenant #1 required stand by assistance of one staff member and a walker to ambulate to and from meals and activities.

According to interviews with Staff #2, Staff #3 and Tenant #1's hospice nurse, Tenant #1 stopped bearing weight in early February 2013, therefore, required total dependence with transfers and became non-ambulatory, requiring the use of a wheelchair. Tenant #1 could not self-propel the wheelchair.

The service plan did not reflect Tenant #1's individualized needs after the changes as described above.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))