IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 44590-C

July 25, 2013

Ms. Jeanne Steinkamp, Director
Bickford Cottage II Sioux City
4022 Indian Hills Drive
Sioux City, IA 51108

RE: Final Complaint/Incident Investigation Report – Bickford Cottage II of Sioux City, Sioux City, IA

Dear Ms. Steinkamp:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of July 22, 2013, 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 515/281-4116 or **James.Berkley@dia.iowa.gov**

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Jeanne Steinkamp, Director
Bickford Cottage II of Sioux City
4022 Indian Hills Dr.
Sioux City, Iowa 51108

Complaint/Incident Intake #:

44590-C

Date of Complaint/Incident Investigation:

July 22, 2013

Monitor(s):

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 Dedication	
Number of tenants without cognitive disorder:	3
Number of tenants with cognitive disorder:	19
Total Population of Program at time of on-site	22
TOTAL census of Assisted Living Program	22

Program History – The program received regulatory insufficiency in the area of Criteria for Admission and Retention of Tenants during this certification period.

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

A. Activities

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

- Monitoring Observation: The program Director presented activity calendars for the months of May, June and July 2013. Each calendar had five to nine activities with planned times for participation listed. The monitor noted the July 2013 calendar was posted on a board in the common area of the program.

  During interview, the program Director reported Staff #7, Activity Coordinator, worked 40 hours weekly, primarily during the week. Staff #6 puts together the activity calendars and participated in the provision of activities during the week and evenings.

  The monitor reviewed the clinical records of Tenants #1, #2, #3, #4, #5, #6 and #7, all tenants with identified cognitive decline. All seven tenants' clinical records contained an Individualized Social Interest Sheet, which included social preferences and interests, which identified hobbies or activity suggestions for spontaneous activities.

  During the onsite visits on 7-22-13, the monitor observed activities occurring as scheduled on the activity calendars and also observed spontaneous activities occurring throughout the day.

  The Activity Director provided documentation of individual tenant's attendance at activities which she had begun 5-7-13.

This documentation identified either participation in an activity or individual one on one intervention with each tenant on an almost daily occurrence.

The program prepared scheduled daily activities each month, assigned the activities to staff members each shift and assessed each tenant for hobbies and interests to give staff members suggestions for spontaneous activities. All staff members interviewed reported participation in the provision of activities and all reported completion of activities as assigned. The monitor observed activities occurring as scheduled on the activity calendar during the onsite visit.

The Activity Director said the program corporation had started a program called "Cuetivities" which she had initiated July 1st. This consisted of different fun activities in which all staff members could involve the tenants.

- Regulatory Insufficiency: None noted.

B. Nurse Review

Complaint/Incident Allegation: It was alleged that tenants had cuts that were not properly treated.

- Monitoring Observation: Tenant #2, an 87 year old, was admitted 7-2-12 with diagnoses of: Dementia, Anxiety, Hypertension (HTN) and Osteoporosis. Tenant #2 scored "6" on the Global Deterioration Scale (GDS) dated 6-26-13 which indicated severe cognitive decline. An Incident Report dated 7-9-13 documented Tenant #2 received a skin tear of approximately one centimeter of the right elbow when the tenant slipped out of a wheelchair. The physician was notified by facsimile. The Progress notes completed by the registered nurse (RN) 7-10-13 documented the skin tear had been treated. Observation on 7-22-13 of Tenant #2's right elbow revealed the laceration to the elbow had healed without event.

  The Director stated that there were no tenants currently being treated for skin tears or open areas.

- Regulatory Insufficiency: None noted.

C. Tenant Rights

Complaint/Incident Allegation: It was alleged staff members would make fun of tenant to their faces. It was alleged that tenants were put to bed by 6:30 p.m. every night. It was alleged that staff members would shove food into a tenant's mouth when assisting with eating.

- Monitoring Observation: The monitor observed Staff #1 and #2 completing rounds at 5:45 a.m. for ten tenants with potential incontinence issues. The staff members gave kind and considerate care each time entering the tenant's room and quietly and gently assuring the tenant what they were doing. The monitor observed Staff #4 completing morning rounds at 7:10 a.m. Staff #4 gave kind and respectful care checking tenants for incontinence and helping them to dress.

The Director stated the program had no policy on when tenants went to bed at night. Each tenant was assisted as needed whenever they wanted to retire for the evening. Staff #8 stated when she worked the evening shift, tenants were allowed to stay up until they indicated they wanted to go to bed. The Activity Director stated that she often scheduled activities in the evening until about 6:30 or 7:00 p.m. and liked the tenants to remain up so they had the opportunity to attend.

The monitor observed breakfast service on 7-22-13. Staff #5 and #6 were observed assisting tenants with cueing to eat and actual feeding. Both were kind and respectful and advised the tenant what they were eating before spooning the food into their mouths.

- Regulatory Insufficiency: None noted.

D. Staffing

Complaint/Incident Allegation: It was alleged a staff person pulled a tenant by the arms when transferring. It was alleged a tenant was dropped on the floor during a transfer because a staff person was using their cell phone at the time. It was alleged staff member left a tenant sitting on the toilet for three hours. It was alleged staff members did not provide incontinence care and overnight staff did not check the briefs of incontinent tenants during the night.

- Monitoring Observation: Incident reports were reviewed for the months of April, May, June and July 2013. There was no evidence that a tenant was dropped on the floor.

  Tenant #7, a 99 year old, was admitted 1-28-08 with diagnoses of: Alzheimer's, Organic Brain Syndrome with Aggressive Behaviors, Edema, Osteoporosis, Coronary Artery Disease, and Degenerative Joint Disease. Tenant #7 scored "6" on the Global Deterioration Scale (GDS) dated 6-27-13 which indicated severe cognitive decline. The service plan of 6-27-13 directed staff members to assist with transfers. The monitor observed Staff #5 transfer the tenant from the wheelchair to the commode. Tenant #7 was cued to reach out for the bar and assisted to stand. When standing, Staff #5 gently turned Tenant #7 and assisted to a seated position. Staff #5 stated Tenant #7 could not remain on the toilet alone. Staff #5 said that some of the tenants toilet themselves, others need to be cued to toilet but those that needed physical assistance were not left alone while in the bathroom.

  The monitor observed Staff #1 and #2 completing rounds at 5:45 a.m. for ten tenants with potential incontinence issues. The staff members gave kind and considerate care each time entering the tenant's room and quietly and gently assuring the tenant what they were doing. Staff #1 and #2 reported that rounds were completed every two hours during the night and any tenant who requested was helped to the bathroom or incontinent briefs were changed as needed.

- Regulatory Insufficiency: None noted.

E. Service Plans

Complaint/Incident Allegation: It was alleged that tenants who needed it, were not provided a ground meat diet.

- Monitoring Observation: Tenant #3, a 93 year old, was admitted 10-26-08 with diagnoses of: Dementia, Anxiety, HTN and Depression. Tenant #3 scored "6" on the Global Deterioration Scale (GDS) dated 6-27-13 which indicated severe cognitive decline. The service plan of 6-27-13 documented that Tenant #3 received a regular diet and wore only upper dentures because the bottom had been misplaced. The service plan indicated Tenant #3 could chew food without problems. The monitor observed the breakfast meal on 7-22-13 which consisted of oatmeal, scrambled eggs, hash browned potatoes, chunks of ham and toast. The tenant was able to eat the toast independently.

  Tenant #6, a 90 year old, was admitted 10-15-11 with diagnoses of: Dementia, Depression, Anxiety and Glaucoma and was currently a Hospice patient. Tenant #6 scored "5" on the Global Deterioration Scale (GDS) dated 6-14-13 which indicated moderately severe cognitive decline. The service plan of 6-14-13 directed staff members to offer and encourage food and fluids. The service plan documented the tenant had nutritional intervention for weight loss. Tenant #6 was to have a regular diet with ground food because he/she only had upper dentures. Staff members were to assist Tenant #6 if needed. The physician's order dated 6-24-13 documented a diet of ground food since 5-7-13. Tenant #6 was observed at the breakfast meal on 7-22-13 drinking water independently. The tenant was served oatmeal which Staff #6 attempted to cue and feed but was refused. Staff #6 obtained ice cream which she fed to Tenant #6 who consumed all of the serving. A family member of Tenant #6 was interviewed. The family member stated they were pleased with all aspects of the care at the program.

  Staff #3, who was cooking the morning meal stated that the only therapeutic diet was for Tenant #6 which was for ground texture. She stated the tenant often refused to eat anything so they offered her multiple soft foods.

- Regulatory Insufficiency: None noted.

F. Food Service

Complaint/Incident Allegation: It was alleged that the program food was often under-cooked, raw and unpalatable.

- Monitoring Observation: The menu cycle for five weeks was reviewed. The breakfast meal service on 7-22-13 was observed and tasted by the monitor. All food was hot, well cooked and flavorful.

- Regulatory Insufficiency: None noted