IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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November 6, 2014

Complaint/Incident Intake #: 50031-I

Ms. Lynne Mynatt, Executive Director
Bickford Cottage Assisted Living
3301 Sterling Drive
Burlington, IA 52601

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Bickford Cottage Assisted Living, Burlington, IA

Dear Ms. Mynatt:

Enclosed is the **Final Complaint/Incident Investigation & 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, following a survey by DIA on **October 28 & 29, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Medications.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

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.

Also enclosed you will find the Assisted Living Program Certificate **S0011** with effective dates of **October 1, 2014** through **September 30, 2016**.

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

Assisted Living Program:

Lynne Mynatt, Executive Director
Bickford Cottage Assisted Living
3301 Sterling Drive
Burlington, IA 52601

Complaint/Incident Intake #: 50031-I

Date of Monitoring Visit:

October 28 & 29, 2014

Monitor(s):

Wendy E. Kuhse, RN, BS

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.

General Population Program	
Number of tenants without cognitive disorder:	34
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	35
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	7
TOTAL census of Assisted Living Program	42

Tenant/Family Satisfaction Results – A community meeting was held with 20 tenants. Housekeeping services were completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. Nursing services were available when needed and staff responded quickly when tenants used their pendants. Tenants stated they received the services expected when they signed the occupancy agreement. The tenants stated staff was caring and they were treated well. They stated the food was usually good and the amounts served were adequate. Tenants commented that occasionally hot foods were not quite hot enough. There were also a few comments about personal preferences related to food. Tenants stated they were served appropriately and a variety of foods were served. Tenants stated there were enough activities and commented that they had the best activity coordinator. Tenants were satisfied with the program and would recommend it to others.

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

A. Medications

Monitoring Observation: Based on observation, record review and staff interviews, the program did not always ensure that services provided to tenants were in accordance with the nurse delegation training provided. Concerns were identified during an observation of a medication pass.

Observation during the survey included medication pass on 10-29-14. Beginning at 7:42 a.m. Staff #1 administered oral medications and eye drops to tenants. The monitor continued to observe Staff #1 administer medications until 8:21 a.m. During this time frame, Staff #1 administered medications to 6 tenants. The monitor observed Staff #1 don gloves prior to administering eye drops; however, but Staff #1 did not wash or sanitize her hands during the observed 39 minute medication pass.

According to documentation in Staff #1's personnel file, Staff #1 completed a skills check for administration of oral medications on 12-13-12. The skills checklist directed staff to wash their hands prior to and after administering a medication. Documentation in the checklist for administration of ophthalmic medications/eye ointments also directed staff to wash their hands prior to assembling the necessary equipment, and before donning gloves and after removing gloves.

Review of the program policy and procedure for medication administration, revised 07/12 directed staff to follow the procedure for administration of medication.

During an interview on 10-29-14 at 10:27 a.m., the nurse manager stated she would have expected the staff to wash their hands at least before and/or after the administration of each tenant's medication. The nurse stated she would prefer hand washing after removing gloves (as in administering eye medications) but definitely before and/or after each tenant.

Regulatory Insufficiency: Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff is competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: (f) Services shall be provided to tenants in accordance with the training provided. (IAC r. 481-67.9 (4)f)

B. Tenant Rights.

Incident Investigation : The program reported an incident in which a tenant suspected someone had entered the tenant's room and caused an injury to the tenant.

Tenant #1, an 88 year old, was admitted on 10-17-2013, and had diagnoses which included: Urinary Tract Infection, Hypertension, and Alzheimer's disease. Tenant #1 was staged at a 2 on the Global Deterioration Scale which indicated mild cognitive decline. According to the service plan Tenant #1 was independent with all activities of daily living. Tenant #1 requested that staff not complete "night checks" for Tenant #1. Tenant #1 did request that staff administer medications to Tenant #1.

The program administrative staff completed an investigation including interviews with the tenant and staff working on the date of the alleged incident. The tenant was unable to describe exactly what had happened, and was not consistent in what the tenant alleged had happened. Staff indicated the tenant attempted to make some theories as to what may have happened, and in the end stated that he/she may have caused the injury him/herself. The tenant did not have a description of an alleged perpetrator. The tenant was seen by the tenant's personal physician who examined the tenant and found no signs of trauma or abuse but did describe the tenant as "pleasantly confused".

Regulatory Insufficiency: None noted.