IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 49981-C
50401-C

November 12, 2014

Ms. Emily Lightbody, Director
Bickford Cottage Marion
1100 Linden Drive
Marion, IA 52302

RE: Final Complaint/Incident Investigation Report – Bickford Cottage Marion, Marion, IA

Dear Ms. Lightbody:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of October 29, 30 and November 3, 2014, 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:

Emily Lightbody, Director
Bickford Cottage Marion
1100 Linden Drive
Marion, IA 52302

Complaint/Incident Intake #: 49981-C
50401-C

Date of Complaint/Incident Investigation:

October 29, 30 and November 3, 2014

Monitor(s):

Stephanie Cummins, MA
Stephanie Radabaugh, PhD

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:	5
Total Population of Program at time of on-site	30

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	37

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

A. Staffing

Complaint/Incident Allegation #50401: It was alleged staff did not use gait belts to transfer tenants.

- Monitoring Observation: Staff #1, #2, #3 were certified nursing assistants. Staff #1 said she used a gait belt and felt unsafe without it. Staff #2 said she did not use a gait belt. Staff #3 said she did not use a gait belt but she knew they had them.

  The Registered Nurse (RN) Coordinator said Staff #1 used a gait belt and felt safer.

  The Director said if a gait belt was required it would delegated. She said one staff used a gait belt for personal safety. None of the current tenants required a gait belt.

  Staff #2 and #3 had a Staff Skills Competency List that listed observation of tasks including transfers and ambulation. Staff #1, #2 and #3 had signed Nurse Delegation Training-Acknowledgement of Participation documents which indicated staff would acknowledge training and delegation tasks by providing their signature on the designated form. The form also indicated the staff signature served as acknowledgement of the participation in the nurse delegated training. Staff understood they were to perform all delegated tasks as assigned by the RN and would do so in accordance with the training received for each task.

Review of staff files and staff interviews did not reveal concerns regarding tenant transfers and gait belts.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #49981-C: It was alleged there was not enough staff in the dementia unit to provide cares and provide interventions.

- Monitoring Observation: According to the ALP Monitoring Entrance Form, staffing patterns were staffed by census and acuity. There was one direct care staff in the dementia unit on first, second and third shifts. According to a tenant roster there were seven tenants in the dementia unit.

  Staff #2 said there were no issues with the completion of tenant cares. Staff #3 said there was enough staff to meet the needs of the tenants and no tenants had complained of lack of help due to insufficient number of staff. The RN Coordinator and the Director said there was enough staff to meet the needs of the tenants. The Director said the response time for additional staff to respond to the dementia unit when requested ranged from immediate to five minutes depending on the need.

  Observations of the dementia unit on 11-3-14 indicated there was least one direct care staff assisting tenants.

  Review of the ALP Monitoring Entrance form, staff interviews and observations did not reveal concerns regarding staffing in the dementia unit.

  Regulatory Insufficiency: None noted.

B. Criteria for Admission and Retention

Complaint/Incident Allegation #49981-C: It was alleged tenants exceeded level of care and were too much work for assisted living. Those tenants included tenants who required two person assistance, did not participate in cares, were combative towards tenants and staff, did not participate in toileting, did not bear weight or partially bear weight, required three staff to shower and did not have cares provided due to refusals.

- Monitoring Observation: Thirteen tenant files (Tenants #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12 and #13) were reviewed including both discharged and current tenants.

  Tenant #1, an 84 year old, was admitted on 12-13-12 and diagnoses included: Hyperlipidemia, Dementia, Altered Mental Status, Essential Hypertension (HTN) and Hypothyroidism. Tenant #1 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #1 resided in the dementia unit. The service plan dated 9-9-14 reflected Tenant #1 required staff assistance with ambulation and Tenant #1 used a walker for stabilization and balance during transfers and walking short distances with staff stand by assistance. Tenant #1 used a wheelchair when out of the apartment and required staff assistance to and from

meals and activities. The service plan indicated Tenant #1 had a history of a fractured right hip from early 2014 and was non-weight bearing for over two months. Walking was at times painful for Tenant #1 or caused anxiety. Staff was to provide verbal reassurance to Tenant #1 that staff was there to help Tenant #1. The service plan reflected at times Tenant #1 had appeared frightened or angry. Staff was to show compassion, understanding and provide reassurance that Tenant #1 was safe. Tenant #1 had a stuffed animal that Tenant #1 liked to hold and it seemed to provide comfort. Review of Tenant #1's file indicated Tenant #1 did not exceed the level of care.

Tenant #2, an 83 year old, was admitted 7-8-13 and diagnoses included: Dementia and Behavioral Problems. Tenant #2 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #2 received hospice services. Tenant #2 resided in the dementia unit and Tenant #2 was discharged on 9-24-14. Progress Notes dated 9-18-14 indicated Tenant #2's condition was declining and Tenant #2 no longer wished to get out of bed. Staff would offer juice and pudding. Staff would assist with repositioning while in bed. The Department was contacted regarding Tenant #2's level of care. Tenant #2 died on 9-23-14, according to Progress Notes dated 9-23-14. Tenant #2 was discharged and the Department was contacted regarding Tenant #2's condition.

Tenant #3, a 93 year old, was admitted on 2-16-12 and had a diagnosis of Dementia-Alzheimer's Type with Agitation. Tenant #3 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #3 received hospice services. Tenant #3 resided in the dementia unit and was discharged on 10-15-14. Progress Notes dated 8-26-14 indicated staff reported Tenant #3 refused to take medications, especially morning medications and there was an increase in the refusal of assistance with toileting. Progress Notes dated 9-12-14 indicated Tenant #3 had been in bed for approximately 48 hours and did not wish to get out of bed or to sit at the dining table. Progress Notes dated 9-15-14 indicated there was an agreement to proceed with hospice services. Progress Notes dated 9-29-14 indicated Tenant #3's condition had changed significantly over the last 24 hours. Tenant #3 died on 9-30-14, according to Progress Notes dated 9-30-14. The service plan dated 9-12-14 reflected Tenant #3 required assistance with bathing and was not getting out of bed. Staff was to provide sponge bathing. Staff was to notify the RN for additional intervention or direction if needed. The service plan dated 9-12-14 indicated staff was to physically assist Tenant #3 in changing the protective undergarment in bed. The service plan reflected interventions on the service plan for refusal of services and behavior and interventions. Tenant #3 was discharged and the service plan reflected interventions related to refusal of services and behavior.

Staff #3 said none of the current tenants exceeded the level of care. The RN Coordinator and the Director said none of the current tenants exceeded the level of care.

Review of tenant files and staff interviews indicated none of the tenants that resided at the Program at the time of the investigation exceeded the level of care. Tenants #2 and #3 were discharged.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #49981-C: It was alleged a tenant hit other tenants and staff and grabbed another tenant wrist so hard the other tenant yelled out.

- Monitoring Observation: Thirteen tenant files (Tenants #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12 and #13) were reviewed including both discharged and current tenants.

  Tenant #4, a 77 year old, was admitted on 5-17-12 and had a diagnosis of Alzheimer's disease. Tenant #4 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #4 resided in the dementia unit.

  A review of incident reports for Tenant #4 revealed no incidents regarding aggressions toward others. Progress Notes dated 10-16-16 described an incident where Tenant #4 grasped a tenant's hair and pulled the tenant's shirt. Tenant #4's service plan dated 10-1-14 did not reflect Tenant #4 had routine aggressive behaviors.

  Tenant #5, 108 year old, was admitted 2-27-07 and diagnoses included: Glaucoma and Macular Degeneration. Tenant #5 was staged at five on the GDS, which indicated moderately severe cognitive decline. Tenant #5 received hospice services. Tenant #5 resided in the dementia unit and was discharged on 9-8-14.

  A review of incident reports did not reveal any incidents of tenant aggression towards Tenant #5 or Tenant #5 being aggressive towards other tenants. Progress Notes from 6-3-14 to 8-25-14 did not reveal any incident of tenant aggression towards Tenant #5 or Tenant #5 being aggressive towards other tenants.

  Review of tenant files and incident reports indicated none of the current tenants exceeded the level of care regarding behaviors.

- Regulatory Insufficiency: None noted.

C. Tenant Documents

Complaint/Incident Allegation #49981-C: It was alleged direct care staff did not chart.

- Monitoring Observation: Staff #2 said staff could document in the tenant files and the files were available for staff to chart. Staff #3 if something was unusual staff would call the RN and she would determine if it was documented. She said if a tenant fell or was taken to the hospital staff would chart in the tenant files. The Director said everyone was allowed to chart. If there was something out of the ordinary staff was asked to call the RN. Staff charted in the Progress Notes in the files or completed an incident report if appropriate.

  According to an In-Service Training Tracking document on 7-9-14 there was an in-service on documentation and service plans. According to the In-Service Training-Documentation document, all staff was to document notes in tenant files and all notes were to be dated, time and signed by staff. Staff was to document any information that was requested by the RN, any changes to a tenant's condition, any changes in a tenant's behavior, any time an incident report was completed, any refusal of cares by a tenant, information at the time of admission and information any time a tenant went to the hospital and another note when the tenant returned. The document indicated

the documentation was to be done by exception and staff did not document scheduled cares given.

Review of a Program document and staff interviews did not reveal concerns regarding staff charting.

- Regulatory Insufficiency: None noted.

D. Service Plans

Complaint/Incident Allegation #49981-C: It was alleged tenants had pets and could not take of the pets and there were odors.

- Monitoring Observation: Thirteen tenant files (Tenants #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12 and #13) were reviewed including both discharged and current tenants.

  Tenant #6, a 90 year old, was admitted on 7-8-14 and diagnoses included: Alzheimer's Disease and Pernicious Anemia. Tenant #6 was staged at a four on the GDS, which indicated moderate cognitive decline.

  Tenant #7, a 90 year old, was admitted on 7-14-14 and diagnoses included: Diabetes Mellitus (DM), Dizziness, Hyperlipidemia, HTN, Chronic Obstructive Pulmonary Disease, Benign Prostate Hypertrophy and Aortic Valve Insufficiency. Tenant #7 was staged at a three on the GDS, which indicated mild cognitive decline. Tenant #6 and Tenant #7 were spouses and resided in the same apartment together.

  Tenant #7's service plan dated 8-14-14 noted Tenant #7 and Tenant #6 were independent in feeding their pets. Staff assisted with scooping cat litter daily. Staff assisted with courtyard clean-up of the dog.

  Tenant #8, a 93 year old, was admitted on 5-17-12 and diagnoses included: Dementia, DM, Iron Deficiency and Hyperlipidemia. Tenant #8 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #8 resided in the dementia unit. Tenant #8 service plan dated 10-18-14 indicated staff would feed Tenant #8's pet once daily and Tenant #8's family provided the food. Staff scooped the cat litter every shift.

  Observations while walking through the hallways on 10-29-14 and 11-3-14 revealed no concerns with pet odors.

  Review of tenant files, staff interviews and observations did not reveal any concerns with pets in the building or pet odors.

- Regulatory Insufficiency: None noted.

Complaint/Incident Allegation #49981-C: It was alleged there were a lot of tenant falls.

- Monitoring Observation: Review of 13 tenant files (Tenants #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12 and #13) and incident reports from August to October 2014 revealed there were tenant falls; however, there were no concerns regarding level of care related to falls. There were incident reports documented for the falls and service plans reflected interventions related to falls as needed.

  Review of tenant files and incident reports did not reveal concerns regarding tenant falls.

- Regulatory Insufficiency: None noted.