

TERRY E. BRANSTAD
GOVERNORKIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 55743-I

December 30, 2015

Ms. Laura Brock Entsminger, Manager
Bickford Cottage Davenport
4040 E. 55th Street
Davenport, IA 52806

**RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL
RECERTIFICATION & COMPLAINT/INCIDENT INVESTIGATION REPORT
- BICKFORD COTTAGE DAVENPORT**
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Entsminger:

**I. Final Recertification & Complaint/Incident Investigation Report – Bickford Cottage
Davenport, Davenport, IA**

Enclosed is the **Final Recertification & Complaint/Incident Investigation Report** (“Report”) issued 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 an investigation by DIA on **December 10 & 14-16, 2015**. The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures, Criteria for Admission and Retention, Service Plans and Nurse Review.

Bickford Cottage Davenport (“Program”) is being assessed a **\$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to \$5,000.

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/mailed 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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

- (1) the frequency and length of time the regulatory insufficiency occurred;
- (2) the past history of the program as it relates to the nature of the regulatory insufficiency;
- (3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
- (4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
- (5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
- (6) the actions of the programs after the occurrence of the regulatory insufficiency;
- (7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
- (8) the rights of tenants to make informed decisions; and
- (9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received a Regulatory Insufficiency in the area of Policies and Procedures during a complaint investigation conducted in January 2015.

The determination of a **\$500 civil penalty** is based upon repeated in the area(s) of: Policies and Procedures. As the enclosed Report details, the Program previously received a Regulatory Insufficiency in the area of Policies and Procedures during a complaint investigation conducted in January 2015.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed

penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481-67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **three hundred twenty five dollars (\$325)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

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.

IV. Conclusion

The Program is being assessed a **\$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or Rose.Boccella@dia.iowa.gov.

Sincerely,

Jim Friberg

Jim Friberg, Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2015	
NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE DAVENPORT		STREET ADDRESS, CITY, STATE, ZIP CODE 4040 E 55TH ST DAVENPORT, IA 52806			
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A 000	<p>481-67 Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 32 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 33</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 6</p> <p>TOTAL census of Assisted Living Program: 39</p> <p>A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. Incident #55743-I was also investigated. The following regulatory insufficiencies were identified related to Incident #55743-I and the recertification visit:</p>		A 000		
A 003	<p>481-67.2 Program policies and procedures</p> <p>481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.</p>		A 003		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 003	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of tenant files, staff interviews, observation and review of Program documents the Program failed to follow policies and procedures regarding medication destruction and medication administration. The Program had self-reported an incident regarding two tablets of Tenant #2's medications unaccounted for at the time of a narcotic count. After the incident (date unknown) medications were found on the floor in the medication room and were destroyed with no record of the medication destruction. The destruction of medications was not completed per policy and procedure for medication destruction. Observation of a medication pass revealed medications were administered to Tenant #7 from a plastic bag and not the original container as indicated in the Program's policy and procedure regarding medication administration</p> <p>(Recertification and Incident #55743-I)</p> <p>1. Tenant #2, a 71 year old, was admitted on 9-8-11 and diagnoses included: hypertension (HTN), stroke with aphasia, bradycardia, right thigh deep vein thrombosis, peripheral vascular disease and congestive heart failure. According to Tenant #2's service plan Tenant #2 received staff assistance with medications.</p> <p>2. According to a Program document, during a medication count between Staff C and Staff D it was discovered that Tenant #2 was missing one 15 milligram (mg) Extended Release Morphine tablet and one 30 mg Temazepam tablet. The medications and packs were reviewed and a reason for the count being off could not be determined. The plan of action was one narcotic</p>	A 003		

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A 003	<p>Continued From page 2</p> <p>card per narcotic sheet and staff was to administer the dose by date for scheduled medications instead of starting at the end for ease of counting.</p> <p>3. The Former Nurse was hired on 10-1-15 and a termination date was 11-11-15. The Former Nurse had training on medication destruction.</p> <p>4. According to an interview with the Nurse, she was told (after the discrepancy was noted with Tenant #2's pills; however, the date was unknown) that Staff C dropped a Coumadin tablet in the medication room and asked the Former Nurse to assist in finding the medication. The Coumadin was found in the lip of the refrigerator and in the process of looking for the pill two additional pills were found under the refrigerator. One pill was white, one pill was pink and the pills were destroyed. The Nurse said the Former Nurse said she got rid of them.</p> <p>5. The description of the two pills found, the method of destruction and who completed the destruction of the two pills found in the medication room under the refrigerator was not documented.</p> <p>6. According to the Program's policy and procedure regarding medication disposal, the Program would follow the consultant pharmacist's policy for disposal of all drugs. Disposal of drugs would be recorded on the drug disposal form, which would include the name, reason for disposal, method of disposal and signature of staff. Controlled medications would be disposed of by the RN Coordinator and another licensed individual and recorded on the disposal sheet as to the method used. The signature of both individuals who witnessed the disposal should be</p>	A 003		

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A 003	<p>Continued From page 3</p> <p>recorded.</p> <p>7. Tenant #7, a 74 year old, was admitted on 7-8-15 and diagnoses included: anxiety, degenerative disc disease, HTN, insomnia, osteoarthritis, epilepsy, vitamin D deficiency, migraine and gastroesophageal reflux disease.</p> <p>According to Tenant #7's service plan, staff administered Tenant #7's medications per the Program's medication policy, nurse delegation and per physician orders. Tenant #7 took as needed medications for bowels and for migraines/headaches.</p> <p>According to Physician's Orders, Tenant #7 had an order for Ascomp-Codeine take one capsule by mouth four times a day.</p> <p>8. A medication pass was observed on 12-14-15 at approximately 4:00 p.m. with Staff C. In the general population medications administered by staff were kept in the medication room. At the time of the medication pass observation Staff C put medications into a tote bag in the medication room prior to starting the medication pass and went to tenant apartments to administer medications. Staff C retrieved a plastic bag, with capsules and a label. The capsules were identified as Ascomp-Codeine capsules for Tenant #7. The plastic bag with the medications was placed in the tote bag along with the other medications in bubblepacks. Staff C administered medications to Tenant #7 and put the medication into a cup from the plastic bag and administered the medication to Tenant #7.</p> <p>9. According to an interview with the Nurse, Tenant #7 needed a medication filled and the pharmacy used could not fill as quickly as</p>	A 003		

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A 003	<p>Continued From page 4</p> <p>needed. A script was sent to another pharmacy and 120 capsules were filled in a bottle. The medication was counted and would have required staff to count the large amount of capsules at every shift change. The Nurse put 10 capsules in each plastic bag and the bags were stapled and labeled. The bags were placed in the original container and staff was to take the original container with them as the medication was administered.</p> <p>10. According to the Program's policy and procedure regarding medication administration, when partial or complete control of medication was delegated to the Program, staff could transfer medications from the original prescription containers into medications cups in the tenant's presence. Registered Nurses could transfer medications from the original prescription containers into medication reminder boxes.</p>	A 003		
A 047	<p>481-69.23(1)i Criteria for Admission/Retention of Tenants</p> <p>481-69.23(231C) Criteria for admission and retention of tenants.</p> <p>69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:</p> <p>i. Requires maximal assistance with activities of daily living</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of tenant files, observations, staff interviews, a Hospice interview and review of Program documents the Program failed to follow admission and retention criteria for one of six</p>	A 047		

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A 047	<p>Continued From page 5</p> <p>tenant files reviewed (Tenant #3). One tenant exceeded the criteria for retention regarding requiring maximal assistance of activities of daily living.</p> <p>(Recertification) -</p> <p>1. Tenant #3, an 81 year old, was admitted on 6-11-14 and diagnoses included: hypertension, weight loss, Alzheimer's disease, urinary incontinence, cataract, cough, hyperlipidemia, osteoporosis, type 2 diabetes mellitus and urinary tract infection. Tenant #3 was staged at a seven on the Global Deterioration Scale, which indicated very severe cognitive decline. Tenant #3 resided in the dementia unit. Tenant #3 received Hospice services.</p> <p>According to Progress Notes dated 11-3-15, Tenant #3 wore elbow sleeves for protection to Tenant #3's elbows. Tenant #3 was not ambulatory and was transferred laterally with assist of one and a gait belt. Tenant #3 required total assistance to eat. According to Hospice documentation dated 12-4-15, Tenant #3 had a hard time waking up and slept through the shower and dressing. According to Program documentation, staff provided daily documentation of staff repositioning Tenant #3 in bed and the documentation of changing Tenant #3's protective undergarment in bed.</p> <p>The service plan indicated Tenant #3 had a reclining wheelchair and a hospital bed provided by Hospice. Tenant #3 spent a great deal of time in bed and staff repositioned Tenant #3 frequently. Staff transferred Tenant #3 using a one to one lateral transfer from the bed to the wheelchair and back. Occasionally a two person transfer was needed if Tenant #3 was ill. Staff</p>	A 047		

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A 047	Continued From page 6 needed to cue Tenant #3 and provide hands on assistance with dressing, including putting on socks and shoes. An intermittent assist of two was needed if Tenant #3 had challenges. Tenant #3 had good days and bad days and staff was to allow Tenant #3 to assist with what Tenant #3 was able. The service plan indicated it was very difficult to get Tenant #3 on the toilet and it took a lot of Tenant #3's energy. Staff would check and change Tenant #3 in bed around every two to three hours. At times when Tenant #3 was having a good day Tenant #3 might ask to go to the toilet and staff was to assist Tenant #3 to the toilet. Tenant #3 was mostly incontinent of bowel and was incontinent of bladder. Tenant #3 wore a protective undergarment. Tenant #3 needed verbal cues and hands on assistance with intermittent two person transfer in the bathroom if/when Tenant #3 was toileted. Hands on assistance was provided with pulling up and down pants and total assistance with wiping. Hospice provided bathing cares two times per week and staff bathed Tenant #3 on Saturdays and as needed. Staff assisted Tenant #3 every morning and evening with washing up and performing hygiene and grooming tasks. Staff was to assist Tenant #3 with brushing Tenant #3's teeth and use hand over hand assistance when Tenant #3 was able. If not staff would provide maximum assist to brush Tenant #3's teeth and gums at least twice daily. Staff swabbed Tenant #3's mouth frequently with sponge toothettes and used a Chlorhexidine rinse with toothettes. Tenant #3 required a one to one pivot transfer to the wheelchair. Tenant #3 also required staff or Tenant #3's spouse to propel the wheelchair. Tenant #3 required an intermittent assist of two staff for transfers. Staff was to reposition Tenant #3 frequently through the day at least every two to three hours. Tenant #3 often gave inappropriate	A 047		

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A 047	<p>Continued From page 7</p> <p>responses or used word salad. Tenant #3 required staff to assist Tenant #3 to Tenant #3's wheelchair and propel Tenant #3 to a safe place for all drills and evacuations.</p> <p>2. According to an interview with the Hospice Nurse, Tenant #3 received nursing visits twice weekly, home health aide twice weekly, social worker and chaplain visits once monthly. Tenant #3 was dependent for bathing, dressing, grooming and toileting. Toileting was completed in bed by rolling Tenant #3 from side to side and Tenant #3 provided no assistance. Tenant #3 would use a straw for drinking. Tenant #3 could not stand and was non-weight bearing. Tenant #3 had a pureed diet and had thickened liquids. Tenant #3 could transfer with one person and a gait belt was always used. The reclining wheelchair Tenant #3 used helped with trunk support.</p> <p>3. According to an interview with Staff A, Tenant #3 was transferred with one person and a gait belt. Tenant #3 could bear very little weight. Tenant #3 could not use an assistive device. Two staff assisted with toileting to help pull up and down pants. Tenant #3 was almost dependent for all cares. Hospice completed bathing with Tenant #3. For dressing Tenant #3 would help put an arm in (the clothing) and grooming was hand over hand assistance. Staff A had seen Tenant #3 pick up a spoon and cup; however, it was not often. Hand over hand assistance was provided for eating. Tenant #3 was changed in bed for toileting if Tenant #3 did not request to go to the bathroom. Tenant #3 would request to go to the bathroom; however, more often was changed in bed.</p> <p>4. According to an interview with Staff B, Hospice</p>	A 047		

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A 047	<p>Continued From page 8</p> <p>completed Tenant #3's bathing twice a week. Staff assisted with partial baths as needed. Staff provided hand over hand assistance for eating. At times Tenant #3 would grab for drinks. Tenant #3 played with the food. Tenant #3 was a one person transfer and last Staff B knew Tenant #3 could bear weight. Tenant #3 could not propel Tenant #3 in the wheelchair. Tenant #3 could push away from the table with Tenant #3's upper body. Tenant #3's spouse brought a board that rested on the foot pedals of the wheelchair that prevented Tenant #3's feet from slipping into the foot pedals. For toileting Tenant #3 would usually say Tenant #3 needed to go to the bathroom and Tenant #3 would be on the toilet but would not do anything. Tenant #3 was also changed in bed and was incontinent of bladder and bowel. Tenant #3 did not assist with toileting in bed. For dressing and grooming Tenant #3 did not participate.</p> <p>5. According to an interview with Staff E, Tenant #3 did not bear weight and required two people to toilet Tenant #3. For toileting in bed, staff changed the protective undergarment and did perineal care and Tenant #3 did not participate. On first shift staff would put Tenant #3 on the toilet when Tenant #3 told staff Tenant #3 needed to use the toilet. Tenant #3 did not participate with dressing and staff physically put Tenant #3's legs and arms through (the clothing). Tenant #3 did not provide any assistance and staff could not cue Tenant #3. Tenant #3 did not participate with grooming and staff brushed Tenant #3's teeth. Tenant #3 was transferred with one person and was in a wheelchair. Staff repositioned Tenant #3 every two hours. Staff fed Tenant #3 and Tenant #3 would dig in the food with Tenant #3's hands. Tenant #3 had a pureed diet and thickened liquids. Hospice completed bathing for Tenant</p>	A 047		

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A 047	<p>Continued From page 9</p> <p>#3.</p> <p>6. According to an interview with Staff F, staff provided hand over hand assistance with eating for Tenant #3. Tenant #3 could hold Tenant #3's cup and drink. For toileting staff laid Tenant #3 down in bed and changed Tenant #3. Before, Tenant #3 would say Tenant #3 needed to go at times; however, not anymore. Tenant #3 did not provide toileting assistance. Tenant #3 was a pivot transfer and did not participate with the transfer. Hospice completed bathing assistance. Tenant #3 was dressed in bed and did not participate with the task. Staff repositioned Tenant #3 every two hours.</p> <p>7. According to an interview with the Nurse, Tenant #3 would eat food but would also make a mess of it. There was a lot of cueing and prompting provided and feeding. Tenant #3 was a one person transfer the majority of the time. Tenant #3 could bear weight (one leg). Hospice assisted with Tenant #3's shower. For dressing and grooming Tenant #3 was dependent. The dementia had progressed and Tenant #3 did not understand the action. The Nurse was not sure if staff were taking Tenant #3 to the bathroom anymore. An incontinence program was completed in bed. Tenant #3 did not help with toileting. Tenant #3 did not provide assistance with transfers.</p> <p>8. According to observation on 12-14-15, Tenant #3 was laying in bed. Staff G rolled Tenant #3 to change the protective undergarment. Staff G put on Tenant #3's shoes, sat Tenant #3 up and transferred Tenant #3 to the wheelchair with a gait belt. Staff G also brushed Tenant #3's hair. Staff G lifted Tenant #3's feet onto the foot pedals, put a board that rested on top of the foot</p>	A 047		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER S0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2015
NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE DAVENPORT		STREET ADDRESS, CITY, STATE, ZIP CODE 4040 E 55TH ST DAVENPORT, IA 52806		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 047	<p>Continued From page 10</p> <p>pedals and a pillow behind Tenant #3's legs. Staff G reclined Tenant #3's wheelchair back to help position Tenant #3 in the wheelchair. There was no participation observed from Tenant #3 with any of the tasks.</p> <p>According to observation on 12-15-15 at 8:45 a.m., Tenant #3 was at the table in a wheelchair for breakfast. Tenant #3 drank a beverage in a cup with two handles with cues and assistance. Staff B scooped up oatmeal on the spoon and brought it to Tenant #3 mouth.</p> <p>According to an observation on 12-15-15 at 1:05 p.m., Staff F assisted Tenant #3. Tenant #3 was laying in bed. Staff F put Tenant #3's shoes on while Tenant #3 laid in bed and announced the care prior to completing the task. Staff F pulled the wheelchair next to the bed, raised the bed, moved Tenant #3's legs towards Staff F and the edge of the bed. Tenant #3 put an arm on Staff F's shoulder. A gait belt was applied and Tenant #3 was pivot transferred in the wheelchair. The wheelchair was reclined to position Tenant #3. The foot pedals were applied and Tenant #3's feet were lifted onto the pedals. A board was applied on the foot pedals and a pillow placed behind Tenant #3's legs. No participation by Tenant #3 was observed with the tasks.</p> <p>According to observations on 12-14-15 and 12-15-15, Tenant #3 was observed laying in bed or seated in a reclining wheelchair with foot pedals with a board across the pedals. Tenant #3 was not observed ambulating or propelling Tenant #3's self in the wheelchair. Tenant #3 was not observed participating in ambulation.</p> <p>9. According to the Program's Admission Agreement, the Program would terminate the</p>	A 047		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BICKFORD COTTAGE DAVENPORT
4040 E 55TH ST
DAVENPORT, IA 52806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 047	Continued From page 11 Admission Agreement and initiate procedures which ensured a safe and orderly transfer of the tenant to the appropriate setting if the tenant meet one or more of the following conditions: required maximal assistance with activities of daily living.	A 047		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) 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 service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on review of tenant files, observations, staff interviews and review of Program documents the Program failed to maintain service plans that were developed for each tenant based on the evaluations, were updated at least annually or whenever changes were needed and were designed to meet the specific service needs of the individual tenants for six of six tenant files reviewed (Tenants #1, #2, #3, #4, #5 and #6). Six tenants had service plans that were not updated as needed and were not designed to meet the service needs of the tenants. (Recertification)	A 083		

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A 083	<p>Continued From page 12</p> <p>1. Tenant #1, a 96 year old, was admitted on 7-21-15 and diagnoses included: hypotension, hypertension (HTN), obesity, asthma, chronic obstruction pulmonary disease (COPD), amnesia and arthritis. Tenant #1 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. Tenant #1 resided in the dementia unit.</p> <p>Progress Notes dated 10-1-15 indicated Tenant #1 had been vomiting. Progress Notes dated 10-11-15 indicated Tenant #1 was sitting on the edge of the bed with vomit on the shirt and bed spread. Tenant #1 said Tenant #1's stomach was still upset. According to Progress Notes dated 10-20-15, Tenant #1 was vomiting and staff helped Tenant #1 clean vomit from Tenant #1's hands and mouth. Staff gave Tenant #1 a change of clothes and took vitals. Tenant #1 reported Tenant #1's stomach felt better.</p> <p>Progress Notes dated 11-6-15 indicated Tenant #1 complained of nausea and began vomiting after being situated in bed for a few minutes. Tenant #1 vomited liquid and what appeared to be food, according to Progress Notes dated 11-7-15. According to Progress Notes dated 11-15-15, during most of the shift Tenant #1 had constant incontinence of loose stools. Tenant #1 did not know it was happening and was unable to control it. Staff toileted Tenant #1 several times and Tenant #1 sat on the toilet without much results. Tenant #1 would start to "leak" as soon as Tenant #1 stood up. The service plan did not reflect the episodes of vomiting, nausea and loose stools. The service plan did not reflect the service needs of Tenant #1.</p> <p>2. Tenant #2, a 71 year old, was admitted on 9-8-11 and diagnoses included: HTN, stroke with aphasia, bradycardia, right thigh deep vein</p>	A 083		

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A 083	<p>Continued From page 13</p> <p>thrombosis, peripheral vascular disease and congestive heart failure (CHF).</p> <p>On 12-8-15 the doctor was notified of an area to Tenant #2's left posterior leg that had re-opened. An order was requested to admit to home health for wound care. The service plan indicated Tenant #2 had a history of wounds on the knee, foot, toes, genital area and open area on the left posterior thigh. The service plan did not reflect the open area on Tenant #2's leg had re-opened and the request for home health care. The service plan did not reflect the service needs of Tenant #2.</p> <p>3. Tenant #3, an 81 year old, was admitted on 6-11-14 and diagnoses included: HTN, weight loss, Alzheimer's disease, urinary incontinence, cataracts, cough, hyperlipidemia, osteoporosis, type 2 diabetes mellitus and urinary tract infection (UTI). Tenant #3 was staged at a seven on the GDS, which indicated very severe cognitive decline. Tenant #3 resided in the dementia unit. Tenant #3 received Hospice services.</p> <p>According to Progress Notes dated 9-16-15, Tenant #3 wore elbow protectors as Tenant #3's skin tore easily. According to Progress Notes dated 9-18-15, a Hospice aide asked for a bandage and said Tenant #3 scratched Tenant #3 during a shower. Green padding was also put on Tenant #3's elbows. According to Progress Notes dated 11-9-15, staff noticed two scratches on Tenant #3's left arm by the elbow. Staff cleaned it, applied triple antibiotic ointment and a bandage and put a protective sleeve on. According to Progress Notes dated 11-9-15, the skin tear to the left elbow was assessed. The skin tear was superficial and in a "V" shape. The Nurse Assessment dated 11-3-15 indicated Tenant #3</p>	A 083		

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A 083	<p>Continued From page 14</p> <p>had fragile skin that tore easily. It also indicated Tenant #3 had bilateral elbow protectors. The service plan did not reflect Tenant #3 had elbow protectors and that Tenant #3's skin tore easily. According to an observation on 12-14-15 and 12-15-15, there was a mat on the floor next to Tenant #3's bed. There was also a board placed on top of Tenant #3's wheelchair foot pedals. The service plan did not reflect the mat or the board on wheelchair foot pedals. The service plan was not based on the health evaluation and did not reflect the service needs of Tenant #3.</p> <p>4. Tenant #4, an 83 year old, was admitted on 6-14-13 and diagnoses included: advanced dementia and COPD. Tenant #4 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #4 resided in the dementia unit. Tenant #4 received Hospice services.</p> <p>According to a Hospice care plan, Tenant #4 had a foam mattress, shower chair and a gel cushion for the wheelchair. According to observation on 12-14-15, Tenant #4 had a mat next to Tenant #4's bed. The mat next to the bed, foam mattress, shower chair and gel cushion for the wheelchair were not reflected on the service plan. The service plan did not reflect the service needs of Tenant #4.</p> <p>5. Tenant #5, a 79 year old, was admitted on 2-2-15 and diagnoses included: anxiety, HTN, depression, hallucinations, hyperlipidemia, Lewy Body disease, senile dementia, restless leg syndrome, history of stroke syndrome, palpitations and sciatica.</p> <p>According to Progress Notes dated 10-20-15 and 10-21-15, a urinalysis was ordered and the specimen was collected from Tenant #5.</p>	A 083		

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A 083	<p>Continued From page 15</p> <p>According to Progress Notes dated 10-27-15, a new order was received for Levaquin 500 milligram daily for 10 days for a diagnosis of a UTI. Progress Notes dated 11-8-15 (late entry) indicated staff noticed last night Tenant #5 had amber colored urine and Tenant #5's legs were swollen. Staff assisted Tenant #5 to the recliner and elevated Tenant #5's legs. The service plan did not reflect the UTI and antibiotic therapy.</p> <p>Progress Notes dated 12-3-15 indicated the doctor was contacted to request the Triamcinolone cream twice daily be changed to as needed. The service plan was not updated to reflect the change in the order from twice daily to as needed. The service plan did not reflect the service needs of Tenant #5.</p> <p>6. Tenant #6, a 95 year old, was admitted on 10-13-15 and diagnoses included: hypokalemia, CHF, atherosclerotic disease, angina pectoris, type 2 diabetes mellitus, pneumonia, transient ischemic attacks, psychosis and constipation. Tenant #6 was staged at a three on the GDS, which indicated mild cognitive decline.</p> <p>According to Progress Notes dated 11-10-15, Tenant #6 thought Tenant #6's spouse was leaving Tenant #6 and voiced statements about self-harming including: nothing worth living for if Tenant #6's spouse was leaving, Tenant #6's life was over, Tenant #6 should find a rope and hang Tenant #6, walk and break Tenant #6's neck and starve Tenant #6's to death.</p> <p>According to Progress Notes dated 11-13-15, Tenant #6 was up multiple times during the night and the morning and seemed restless. Redirection only lasted for a moment. Progress Notes dated 11-15-15 indicated Tenant #6 was up</p>	A 083		

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A 083	<p>Continued From page 16</p> <p>and walking without a walker in the in the living room area or hallways at 1:30 a.m., 2:30 a.m. and 4:00 a.m. According to Progress Notes dated 11-18-15, Tenant #6 got little sleep over night. Tenant #6 would come out for a bit then ask staff if Tenant #6 could go back to bed. Staff helped Tenant #6 multiple times. Many of the times Tenant #6 left the apartment and walked without Tenant #6's walker or wheelchair.</p> <p>According to Progress Notes dated 11-19-15, Tenant #6 had been up all and down all night. Tenant #6 came out around 4:15 a.m. with the wheelchair filled with some of Tenant #6's belongings and Tenant #6 said Tenant #6 was moving. On 11-20-15 Tenant #6 at approximately 2:00 a.m. Tenant #6 became very agitated and physical towards staff. At 6:20 a.m. staff found Tenant #6 in the hallway with only a t-shirt on and it took both staff to get Tenant #6 back to Tenant #6's apartment and dressed. Tenant #6 was very confused and started crying, yelling and staff brought Tenant #6 back out in the common area with staff. Tenant #6 again tried to go outside in the courtyard and Tenant #6 had Tenant #6's pants down.</p> <p>According to Progress Notes dated 11-23-15, at around 5:00 a.m. staff heard the door alarm go off down the 100 hallway. Tenant #6 was at the end of the hallway pushing the door open. Staff was able to redirect Tenant #6 from going out. Progress notes dated 11-25-15 indicated Tenant #6 was obsessing over the fireplace reaching for the fire and various closed doors.</p> <p>The service plan did not reflect Tenant #6's statements of self-harm and interventions related to the behavior. The service plan did not reflect Tenant #6 was up frequently at night, walked</p>	A 083		

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A 083	<p>Continued From page 17</p> <p>without the walker, was agitated at times, tried to go out the doors or packed up items to move. The service plan did not reflect service needs of Tenant #6.</p> <p>7. According to the Program's policy regarding service plans, a service plan should be developed and maintained for each tenant that corresponded with their individual needs, preferences for assistance and expected outcomes and was based on the tenant's functional and cognitive abilities and their health status.</p>	A 083		
A 096	<p>481-69.27(3) Nurse Review</p> <p>481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation:</p> <p>69.27(3) To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of tenant files and review of Program documents the Program failed to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations whenever there were</p>	A 096		

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A 096	<p>Continued From page 18</p> <p>changes in the tenant's health status if a tenant received personal or health-related care for three of six tenant files reviewed (Tenants #1, #2 and #5). Three tenants did not have nurse reviews completed as needed.</p> <p>(Recertification)</p> <p>1. Tenant #1, a 96 year old, was admitted on 7-21-15 and diagnoses included: hypotension, hypertension (HTN), obesity, asthma, chronic obstruction pulmonary disease, amnesia and arthritis. Tenant #1 was staged at a three on the Global Deterioration Scale, which indicated mild cognitive decline. Tenant #1 resided in the dementia unit.</p> <p>According to Progress Notes dated 11-10-15, Tenant #1 was very anxious, upset and wanted to go home. Tenant #1 became combative towards staff after giving medications. Staff called Tenant #1's family to see if a familiar voice would calm Tenant #1. Tenant #1 yelled and woke up other tenants. Tenant #1's family was coming in to help calm Tenant #1. On 11-11-15 Tenant #1 was found on the floor and did not have any pain or injuries. On 11-11-15 Tenant #1 began to get upset that another tenant was in the living room with Tenant #1. According to Progress Notes dated 11-15-15, Tenant #1 had constant incontinence of loose stools. Tenant #1 did not know it was happening and was unable to control it. Staff toileted Tenant #1 several times and Tenant #1 sat on the toilet without much results. Tenant #1 started to "leak" as soon as Tenant #1 stood up. According to Progress Notes dated 11-19-15 at 5:00 a.m., Tenant #1 was up pacing up multiple times an hour, Tenant #1 did not seem to want anything and did not complain of pain. On 11-19-15 a nurse charted a new order</p>	A 096		

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A 096	<p>Continued From page 19</p> <p>was received and noted for Xanax 0.25 milligram (mg) one tablet every eight hours as needed related to Tenant #1 becoming upset and anxious usually in the evening. According to Progress Notes dated 11-24-15, Tenant #1 had been up and down all night and staff offered food and drinks and nothing worked. Tenant #1 went to bed at 3:00 a.m. and slept for two hours. According to Progress Notes dated 11-26-15, staff gave Tenant #1 an as needed medication for anxiety. Tenant #1 wanted to go out to Tenant #1's car and asked repetitively to call Tenant #1's deceased spouse. Nurse reviews were not completed related to the entries above documented by staff. Nurse reviews were not completed as needed.</p> <p>2. Tenant #2, a 71 year old, was admitted on 9-8-11 and diagnoses included: HTN, stroke with aphasia, bradycardia, right thigh deep vein thrombosis, peripheral vascular disease and congestive heart failure.</p> <p>The service plan indicated Tenant #2 had a history of wounds on the knee, foot, genital area and an open area on the left posterior thigh.</p> <p>According to Progress Notes dated 11-23-15, while assisting Tenant #2 staff noticed a reddened area in Tenant #2 genital area. Tenant #2 was incontinent of bladder and bowel while sleeping. Progress Notes dated 12-8-15 indicated the doctor was notified of an area to posterior left leg that had re-opened. The entry was charted by a nurse; however, the entry did not address the reddened area noted by staff on 11-23-15. A nurse review was not completed as needed.</p> <p>3. Tenant #5, a 79 year old, was admitted on</p>	A 096		

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A 096	<p>Continued From page 20</p> <p>2-2-15 and diagnoses included: anxiety, HTN, depression, hallucinations, hyperlipidemia, Lewy Body disease, restless leg syndrome, senile dementia, history of stroke syndrome, palpitations and sciatica.</p> <p>According to Progress Notes dated 11-8-15 (late entry), last night when staff assisted Tenant #5 with toileting staff noticed Tenant #5's urine was amber colored and Tenant #5's legs and ankles were swollen. Staff assisted Tenant #5 to the recliner and elevated Tenant #5's legs. A nurse review was not completed as needed related to the entry charted by staff regarding Tenant #5's swollen legs. A nurse review was not completed as needed.</p> <p>4. According to the Program's policy and procedure regarding nurse review, a nurse review should be conducted on every tenant at least every 90 days, or after a change in condition. The nurse review would include the following: assessment and documentation of the health status of each tenant, recommendations and referrals as appropriate and to monitor the progress of previous recommendations.</p>	A 096		

Plan of Correction
Davenport Bickford

A. Program Policies & Procedures

Regulatory Insufficiency: Program failed to follow policies and procedures regarding medication destruction and medication administration.

Plan of Correction:

The insufficiency will be corrected as follows:

- Administration and disposal of medication will follow the Program's policies and procedures.
- Medications for resident #7 are now bubble packed.
- All narcotics are now entered into QuickMAR program for administration and tracking of inventory.
- Staff C is no longer employed with Bickford.

The following measures will be taken to ensure the problem does not recur:

- RNC provided re-training to Staff C on 12/15/15 regarding medication administration policy and medication disposal.
- Re-training for all care staff on medication disposal policy will take place on January 15, 2016.
- RNC will monitor med passes and narcotic shift count weekly and provide re-education and training as needed.

The program will monitor performance to ensure compliance as follows:

- RNC will monitor medication administration weekly and complete weekly report sent to Divisional RN and Branch Support.
- Divisional RN, or designee, will monitor by completing bi-annual core checks to monitor performance and ensure compliance.

Regulatory insufficiency corrected as of:

- The insufficiency was corrected 12/15/15.

B. Criteria for Admission/Retention of Tenants

Regulatory Insufficiency: The Program failed to follow admission and retention criteria. One tenant exceeded the criteria for retention regarding requiring maximal assistance of activities of daily living.

Plan of Correction:

The insufficiency will be corrected as follows:

- The Branch will evaluate potential residents prior to admission and residents on a schedule post-admission to determine that they meet or continue to meet admission and retention criteria.
- A Waiver request will be submitted for Resident #3 due to use of hospice services and end of life situation.

The following measures will be taken to ensure the problem does not recur:

- RNC and Director will collaboratively review health, functional, and cognitive assessments to ensure that residents continue to meet retention criteria.

The program will monitor performance to ensure compliance as follows:

- Divisional RN, or designee, will complete bi-annual core checks to monitor performance and ensure compliance.

Regulatory insufficiency corrected as of:

- Waiver request will be completed and sent to the Department of Inspections and Appeals 01/11/16 for Resident #3.

C. Service Plans

Regulatory Insufficiency: Program failed to maintain service plans that were developed for each tenant based on the evaluations, were updated at least annually or whenever changes were needed and were designed to meet the specific service needs of the individual tenants.

Plan of Correction:

The insufficiency will be corrected as follows:

- The RNC will utilize the evaluations completed at 30 days and then every 180 days or whenever a significant change in care needs occurs, to develop a Service Plan that meets the care/service needs and desires of the Resident.
- Resident #1 Service Plan was last updated 01/11/16.
- Resident #2 Service Plan was last updated 12/15/15.
- Resident #3 Service Plan was last updated 01/04/16.
- Resident #4 Service Plan was last updated 01/04/16.
- Resident #5 Service Plan was last updated 01/11/16.
- Resident #6 Service Plan was last updated 01/11/16.

The following measures will be taken to ensure the problem does not recur:

- RNC was re-educated to complete health, functional, and cognitive assessments per policy, or as changes in condition occurs, and utilize those to ensure the Service Plan reflects the resident's individualized needs and preferences.

The program will monitor performance to ensure compliance as follows:

- Divisional RN, or designee, will monitor by completing bi-annual core checks to monitor performance and ensure compliance.

Regulatory insufficiency corrected as of:

- 01/11/16 Service Plans on noted residents are current, up to date, and reflect their current care needs and preferences.

D. Nurse Review

Regulatory Insufficiency: The Program failed to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations whenever there were changes in the tenant's health status.

Plan of Correction:

The insufficiency will be corrected as follows:

- RNC will complete a Nurse Review on residents to meet the State's criteria to ensure resident specific care needs are being identified and addressed.

The following measures will be taken to ensure the problem does not recur:

- RNC was re-educated on the need to complete Nurse Reviews on residents to meet the criteria as outlined in regulations.
- Nurse Review on Resident #1 was last completed on 01/11/16.
- Nurse Review on Resident #2 was last completed on 01/08/16.
- Nurse Review on Resident #5 was last completed on 01/11/16.

The program will monitor performance to ensure compliance as follows:

- Divisional RN, or designee, will monitor by completing bi-annual core checks to monitor performance and ensure compliance.

Regulatory insufficiency corrected as of:

- 11/11/16 Nurse Reviews on above noted residents are current, up to date, and reflect their current specific needs.