IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake: #15017-R1

September 10, 2008

Peggy O'Neill, Administrator
Bickford Cottage Assisted Living
5915 Sutton Place
Urbandale, IA 50322-1877

RE: I. Final Recertification and Complaint Revisit Investigation Report– #15017-R1
II. Civil Penalty
III. Hearings and Appeals
IV. Conclusion

Dear Ms. O'Neill:

I. Final Recertification and Complaint Revisit Investigation – Bickford Cottage Assisted Living, Urbandale, IA.

Enclosed is the **Final Recertification and Complaint Revisit Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C 7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Final Report notes the **Regulatory Insufficiency,** as defined in the area of: Record Checks.

The Department of Inspections and Appeals (DIA) has accepted your Plan of Correction.

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Recertification and Complaint Revisit Investigation Report the civil penalty obligation, in the amount of five hundred ($500.00) dollars, is required.

IV. Hearings and Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to DIA. Hearings will be held pursuant to 481 IAC Chapter 10. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

IV. Conclusion

Bickford Cottage Assisted Living - Urbandale is being assessed a $500 00 civil money penalty

The POC that was submitted is accepted. DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions in regard to these matters, please contact Connie Schaffer at (515) 281-5003 or Connie.Schaffer@dia.iowa.gov

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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Peggy O'Neill, Administrator
Bickford Cottage Assisted Living
5915 Sutton Place
Urbandale, IA 50322-1877

RE: Recertification and Complaint Revisit Investigation Report, Bickford Cottage Assisted Living, Urbandale, IA

Dear Ms. O'Neill.

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **September 30, 2008 through September 29, 2010**. If you have any questions regarding this certification, please contact me at 515-281-5003

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification and Complaint Revisit Investigation Report

Assisted Living Program: **Complaint Intake #: 15017-R1**

Peggy O'Neill, Administrator
Bickford Cottage Assisted Living
5915 Sutton Place
Urbandale, IA 50322-1877

Date of Investigation:

July 28 & 29, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH
Michael Streepy, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or 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 rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A recertification and complaint revisit investigation was conducted at Bickford Cottage Assisted Living on July 28 & 29, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder

Current number of tenants without cognitive disorder:	20
Current number of tenants with cognitive disorder:	14
Total Population:	34

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	12
Total Population:	12

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting was held with 10 tenants. Tenants stated the living environment is nice. Tenants state staff are nice, helpful and respond to requests within ten minutes. The food is good with plenty offered and substitutes available. Tenants could think of nothing the Administration or staff could do to make the program better. Tenants were generally satisfied with the activities program. Tenants feel safe and participate in fire drills. Tenants believe they are receiving services as expected in the contracts. Tenants make their own decisions without restriction. Tenants stated medical services are good and they are involved in their medical decisions. Tenants are generally satisfied with the program would recommend it to others.

Accreditation Status – Not applicable.

Program History – There were substantiated regulatory insufficiencies in the areas of: Evaluation of Tenant, Service Plan, Dementia-Specific Education Activities and Other.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

The program received a regulatory insufficiency on January 22, 2008 related to not consistently completing functional, cognitive and health evaluations prior to occupancy, within 30 days of admission and as needed to determine any modifications to needed services on Tenants #1, #2, #3 and #4.

- Monitoring Observation: Tenant #1, an 83 year old, was admitted on 6-9-05 and has diagnoses of: Dementia and Psychosis. A cognitive evaluation was completed on 6-4-08, staging the tenant at a six on the GDS, indicating severe cognitive decline. The program completed functional, cognitive and health evaluations on 2-27-08 and 6-4-08 with a change in health status.

  Tenant #2, a 94 year old, was admitted on 12-20-07 and has diagnoses of: Hypertension (HTN), Macular Degeneration and Hearing Loss. A cognitive evaluation was completed on 7-14-08, staging the tenant at a five on the GDS, indicating moderately severe cognitive decline. The program completed functional, cognitive and health evaluations on 4-15-08 and 7-14-08 with a change in health status.

  Tenant #3 was discharged from the program on 4-10-08. Tenant #4 was discharged from the program on 3-2-08.

- Regulatory Insufficiency: None noted.

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

The program received a regulatory insufficiency on January 22, 2008 related to not consistently developing service plans based upon evaluations, with a change in condition and for not developing service plans that are individualized to meet the tenants identified needs and requests for assistance for Tenants #1, #2, #3 and #4.

- Monitoring Observation. Tenant #1's service plan was updated on 2-27-08, 3-4-08 and 6-5-08 related to a change in health status, was individualized to meet the tenant's identified needs and requests for assistance and expected outcomes were supported by evaluations. The plan was signed by the tenant and three additional staff.

  Tenant #2's service plan was updated on 4-15-08 and 7-14-08 due to a change in health status, was individualized to meet the tenant's identified needs and requests for assistance and expected outcomes. The plan was signed by the tenant and three additional staff.

  Tenant #3 was discharged from the program on 4-10-08. Tenant #4 was discharged from the program on 3-2-08.

- Regulatory Insufficiency: None noted.

C. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

The program received a regulatory insufficiency on January 22, 2008 related to not consistently having sufficiently trained staff available at all times to fully meet tenants' identified needs and for not ensuring all personnel received training appropriate to assigned task and target population.

Monitoring Observation. During a community meeting tenants stated they make their own decisions without restriction. Tenants stated medical services are good and they are involved in their physician and hospital.

Staff #1 was terminated from the program on 1-15-08 Staff files indicated Dependent Adult Abuse training was completed on 3-28-08 for staff hired prior to this date.

- Regulatory Insufficiency: None noted.

D. Dementia-specific education for program personnel – A dementia-specific program shall employ or contract with personnel who have received appropriate dementia-specific education and training. [321 IAC 25.34]

The program received a regulatory insufficiency on January 22, 2008 related to not consistently having personnel with dementia-specific training and for not implementing dementia-specific training within 90-days of employment.

- Monitoring Observation: Staff #4, #6 and #8 gave examples of how Dementia training was used in the direct cares given to tenant with Dementia. Staff #9, #10, #11, #12 and #14 files indicated Dementia Training was completed within 90-days of employment.

- Regulatory Insufficiency: None noted.

E. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

During the course of the recertification, the following information was obtained:

- Monitoring Observation: Staff person #14, a Maintenance person, with a hire date of 01-07-08, reveals no documentation of criminal background or dependent adult abuse check.

- Regulatory Insufficiency: The program did not complete a Department of Public Safety, criminal history check and a Department of Human Services, dependent adult abuse check of the potential employee, prior to hire. (135C.33(1))

Dated this 10th day of September, 2008