IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 22, 2008

Complaint #15017-R2

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

RE: Complaint Investigation Report, Bickford Cottage, Urbandale, IA

Dear Ms. O'Neil.

Enclosed is the **Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with the Code of Iowa, section 231C.7, Iowa Administrative Code, chapter 25, pertaining to assisted living programs and, chapter 26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

A copy of the monitor's **Complaint Investigation Report** is enclosed for your information and as a record of the result of this investigation.

If you have any questions regarding this Report, 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 Complaint Investigation Report

Assisted Living Program: **Complaint Intake #: 15017-R2**

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

Date of Investigation:

October 15, 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 complaint investigation on-site visit was conducted at Bickford Cottage Assisted Living on October 15, 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:	23
Current number of tenants with cognitive disorder:	10
Total Population:	33

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.**

Accreditation Status – Not applicable.

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

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

A. Records Access – Program provides access to all records and areas of the program deemed necessary to determine compliance. [321 IAC 26 1(2)]

Complaint Allegation: During the course of the revisit of July 28 & 29, 2008, the program received a regulatory insufficiency for not completing 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.

- Monitoring Observation: Staff #1, #2, #3, and #14 employee files were reviewed and indicated criminal background and dependent adult abuse checks were completed prior to hire.

- Regulatory Insufficiency: None noted.

Dated this 22nd day of October, 2008