IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

DEAN A. LERNER, DIRECTOR

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

November 3, 2008

Kim Schaffer, Director
Bickford Cottage
1150 13th Ave N
Clinton, IA 52732-3402

RE: I. Final Recertification Monitoring Evaluation Report
II. Civil Penalty
III. Hearings and Appeals
IV. Conclusion

Dear Ms. Schaffer:

I. Final Recertification Monitoring Evaluation Report – Bickford Cottage, Clinton, IA

Enclosed is the **Final Recertification Monitoring Evaluation 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 Insufficiencies,** as defined in the areas of: Transportation and Record Checks.

DIA is accepting the Plan of Correction (POC).

II. Civil Penalty

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

III. Hearings/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 the 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.

V. Conclusion

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 Insufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted confirms you submitted all the appropriate documents. 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.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **October 1, 2008 through September 30, 2010**.

Bickford Cottage, Clinton, is being assessed a $500.00 civil money penalty.

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 me at (515) 281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Kim Schaffer, Director
Bickford Cottage
1150 13th Ave N
Clinton, IA 52732-3402

Date of Monitoring Visit:

September 24, 2008

Monitor(s):

Hal Chase, RN BSN MPH
Stephanie Cummins, SW MA

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 25.8(3)]. 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 Recertification Monitoring Evaluation 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 this chapter 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 specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Bickford Cottage - Clinton on September 24, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – Not applicable.

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 serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):	9
Current number of tenants without cognitive disorder:	27
Total Population:	36

***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 with ten tenants and three family members and one tenant interview were held. Tenants did not have any concerns with housekeeping, laundry or maintenance. One tenant had some concerns operating his/her thermostat in his/her apartment. A family member stated the tenants enjoy the cats that live at the program and state the program welcomes tenants and guests. Tenants describe staff as fantastic, great, accommodating, welcoming and excellent. One tenant stated it was "like a big family here." Staff are well trained and there are sufficient staff to meet the needs of the tenants. Family members state staff respond appropriately in emergency situations and provide good care. One tenant reports he/she had a fall and there was a good response to the emergency situation and that families are notified of incidents. They describe the food as good and indicate they have choices at meals. Tenants have no concerns with the quality or temperature of the food but state there is too much served. One tenant reports there is too much garlic on the food, especially the vegetables and another tenant states the roast beef that was recently served was "fork tender." A tenant reports if he/she does not go to the dining room, staff will bring the tenant a tray. Tenants requested that Mrs. Dash be on the tables at meal times, that staff using the Public Address (PA) system speak slowly, loudly and clearly and that a notification signal be used before the announcement over the PA system in order to alert tenants so they can turn down their televisions. Tenants receive a calendar for activities and they report there are sufficient activities. They enjoy Bingo, exercises, music and picnics. They would like more musical activities. Family indicates they receive notification of family gatherings. Tenants report they have routine fire drills and they feel safe. They indicate they make their own decisions, they are satisfied with the program and they would recommend it to others. They are happy living at the program and they especially enjoy the family like atmosphere.

Program History – There were no substantiated Regulatory Insufficiencies this certification period.

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

A. Transportation – When the program provides transportation services directly or under contract with the program, the services shall be provided as required. [321 IAC 25.38]

Monitoring Observation: According to administrative staff, Staff #2 provided transportation for tenants, approximately three times per month, in her private car. Staff #2 took tenants shopping and that activity was scheduled three times in September of 2008. Staff #2's car had all the required safety equipment; however, Staff #2 had a regular State of Iowa driver's license, not a Class D Iowa driver's license with a three endorsement.

- Regulatory Insufficiency: The program did not consistently have a driver that has a valid and appropriate Iowa driver's license or commercial driver's license, as required by law, for the vehicle being utilized for transport. (25.38(6))

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

Monitoring Observation: Five employee files were reviewed. Staff #1, was hired on 2-10-98. A criminal history check was completed on 8-27-02 and a dependent adult abuse check was completed on 9-24-08 at 10:08:56 a.m., the day of the recertification visit. The checks revealed there were no criminal or dependent abuse substantiations. Criminal and dependent adult abuse checks were not completed prior to hire.

- Regulatory Insufficiency: The program did not consistently 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. (135.33(1))

Dated this 3rd day of November, 2008.