IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 25, 2009

Certified

Samantha Goodman, Director
Bickford Cottage Assisted Living Program
2418 Kent Avenue
Ames, IA 50010-7119

RE: **I. Final Recertification Report**
II. Civil Penalty
III. Hearings and Appeals
IV. Standard Certification
IV. Conclusion

Dear Ms. Goodman:

I. Final Recertification Report – Bickford Cottage Assisted Living, Ames, IA

Enclosed is the **Final Recertification 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

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information.

II. Civil Penalty

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

III. 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 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.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate with effective dates of March 5, 2009 through March 4, 2011.

V. Conclusion

The Plan of Correction 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 me at 515-281-5077.

Sincerely,

Rose Boccella for
Ann Martin
Bureau Chief
Health Facilities Division
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Samantha Goodman, Director
Bickford Cottage Assisted Living Program
2418 Kent Avenue
Ames, IA 50010-7119

Date of Monitoring Visit:

January 22, 2009

Monitor(s):

Hal L. Chase, RN BSN MPH

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 Assisted Living Program on January 22, 2009. 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 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):	12
Current number of tenants without cognitive disorder:	25
Total Population:	37

***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 18 tenants in attendance. Tenants stated it was nice living at the program. Tenants stated staff knock before entering their apartments, are respectful, are trained to provide the services they need and provide privacy when caring for them. Tenants stated there are enough activities, but would like more diversity. Tenants stated they felt safe, make their own decisions and receive the services they expected. All but two of the tenants stated the food was good. Tenants stated there is not enough help serving the meals and at times they have to wait as long as 25 minutes to be served. Tenants stated they get enough to eat but would like more fresh vegetables. Tenants stated nursing services are available when needed and staff respond to their calls in a timely manner.

Program History – There have been no substantiated Regulatory Insufficiencies during this certification period.

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

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

Monitoring Observation: Six staff files were reviewed. Program records indicated Staff #1 was hired on 10-28-08. A criminal background check was completed on 11-6-08 indicated a possible hit for dependent adult abuse. The program requested further information from the Department of Human Services (DHS) on 11-6-08, with results completed on 11-13-08, which indicated clearance for the staff person to work at the program. The program did not complete a criminal background check and receive clearance from DHS before hiring the staff person to work at the program.

- Regulatory Insufficiency: The program did not complete applicable employee record checks prior to hire as required. (135C.33(5)

Dated this 25th day of February, 2009