IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Certified
Incident: #24920-I

September 22, 2009

Veronica Shea, Administrator
Bickford Cottage Assisted Living
5101 University Ave
Cedar Falls, IA 50613-6246

RE: Incident Investigation Report, Bickford Cottage Assisted Living, Cedar Falls, IA

Dear Ms. Shea:

Enclosed is the **Incident 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. **No Regulatory Insufficiencies were identified.**

If you have questions, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau
Connie.Schaffer@dia.iowa.gov

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Incident Investigation Report

Assisted Living Program: **Incident Intake #:24920-I**

Veronica Shea, Administrator
Bickford Cottage Assisted Living
5101 University
Cedar Falls, IA. 50613

Date of Incident Investigation:

September 2, 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 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 an Incident 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:

An on-site visit was conducted at Bickford Cottage Assisted Living on September 2, 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):	9
Current number of tenants without cognitive disorder:	18
Total Population:	27

***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 no substantiated Regulatory Insufficiencies during this recertification period.

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

A. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Incident Allegation: The program reported Tenant #1 had fallen in his/her apartment on 8-15-09 at approximately 1:30 a.m. The tenant's legal representative was notified after the fall occurred but the tenant was not seen by a local hospital emergency room physician until 11:00 a.m. The tenant had sustained a left arm fracture.

- Monitoring Observation: Tenant #1, an 86 year old, was admitted on 5-11-09 and has diagnoses of Dementia, Hypertension, High Cholesterol, Anxiety and a History of Trans Ischemic Attacks. A cognitive evaluation was completed on 8-25-09 and staged the tenant at five/six on the Global Deterioration Scale, which indicated moderately severe/severe cognitive decline. On 5-11-09 the tenant's physician indicated the tenant was not able to make his/her own health care decision. The tenant has a legal representative. Nurse's notes of 7-2-09 through 8-15-09 indicated the tenant was found on the floor in his/her apartment at least twice. The program completed a nurse review on 7-2-09. Nurse's notes of 8-15-09 indicated the tenant had called for staff assistance at 1:30 a.m. and staff found the tenant on the floor, face down and next to his/her bed. Nurse's notes of the same entry indicated the tenant had bruising and a scratch on the right eye and "lump" on the forehead. Staff completed range of motion and assisted the tenant to the living room. Staff completed vital signs and called the on-call registered nurse (RN). The RN directed staff to apply ice to the tenant's eye and initiate neuro-checks and to notify family. Nurse's notes of 8-15-09 at 11:00 a.m. indicated the tenant's legal representative arrived to take the tenant "to get checked out" due to the previous fall last night. Nurse's notes of the same entry indicated the legal representative asked staff to call an ambulance to take the tenant to a local hospital emergency room. Nurse's notes of 8-17-09 indicated the RN spoke to the legal representative and the tenant had sustained a fracture to the left humerus near the shoulder. Nurse's notes of 8-17-09 indicated the RN completed a nurse review, determined a change in condition existed and completed functional, cognitive and health evaluations and updated the tenant's service plan. Staff #2 stated she worked 8-15-09 on the day shift and was told by staff they were to wait to see what the legal representative wanted to do. Staff #2 stated the tenant was in pain and complained of his/her arm hurting. The program did not complete a nurse review when the tenant had fallen or later that morning to determine if a change in health status existed and to make the appropriate referral to the tenant's physician.

- Regulatory Insufficiency: None noted.

Dated this 22nd day of September, 2009