IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 26, 2010

**Incident #26881-I**

Bonnie Smith, Director
Bickford Cottage
1100 Linden Drive
Marion, IA 52302-7714

**RE: Incident Investigation and Recertification Monitoring Evaluation Report, Bickford Cottage, Marion, IA**

Dear Ms. Smith:

Enclosed is the **Incident Investigation and Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) and Iowa Administrative Code, chapters 481—67 and 69, pertaining to assisted living programs, monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

The recertification process entails other requirements that are not yet completed. Upon receipt of the items from the State Fire Marshal's Office, the certificate will be issued.

If you have questions, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

# Iowa Department of Inspections and Appeals
# Assisted Living Program
# Final Incident Investigation &
# Recertification Monitoring Evaluation Report

**Assisted Living Program:** **Incident Intake #: 26881-I**

Bonnie Smith, Director
Bickford Cottage
1100 Linden Drive
Marion, IA 52302-7714

**Date of Incident Investigation:**

January 28 and February 1, 2010

**Monitor(s):**

Stephanie Cummins, 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. IAC r. 481-67.10(5). 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 481 IAC - chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

**Overview:**

An on-site visit was conducted at Bickford Cottage in Marion on January 28 & February 1, 2010. 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 fewer than 55 tenants and has 5 or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS): | 21 |
| Current number of tenants without cognitive disorder: | 15 |
| 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 11 tenants and 1 family member was held. Tenants indicate they do not have any issues with housekeeping, maintenance or laundry. They state there are sufficient staff to meet their needs, they describe staff as good and they have not been mistreated by any of the staff. They state staff knock before coming into the apartments; however, more time is needed between the knock and when they enter. Tenants state the temperature and variety of foods served are appropriate but they request the evening meal be served a little later and there be more fresh vegetables. The tenants request more outings to go shopping and also for the program to inform other tenants if tenants are at the hospital. Tenants receive a schedule of activities and state there are sufficient activities offered. It was suggested tenants might not want to be reminded about worship services because it is a private matter. Tenants feel safe and state they make their own decisions. They state they sit with tablemates and they can move if they do not like where they are sitting. Tenants state the nurse is available when needed. Tenants would recommend the program to others and are satisfied living there.

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

**On-Site Monitoring Evaluation** – The monitor(s) made the observations detailed in the following areas. **There were no regulatory insufficiencies found during this on-site recertification monitoring evaluation.**

**On-Site Incident Investigation** – The monitor(s) made the observations detailed in the following areas:

**A. Other**

Incident Allegation #26881-I: The program reported that a tenant's family indicated that the tenant might have been sexually assaulted. It was also reported that a tenant's family reported the tenant was isolated at meal times, the program pushed for additional medications and wanted the tenant to move to the dementia unit to discredit anything the tenant would say about the alleged assault.

Monitoring Observation: Tenant #1, 86 years old, was admitted on 4-23-08 and diagnoses included: Anxiety, Aortic Aneurysm, Chronic Obstructive Pulmonary Disease (COPD), Dementia, Depression, Hypertension (HTN), Hyperlipidemia, Irritable Bowel Syndrome (IBS) and Osteopenia. The tenant was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive impairment. The tenant moved out on 12-29-09.

On 12-30-09 the family reported to the Director that the tenant might have been sexually assaulted a couple of weeks after admission to the program. The program notified the Department of the suspected abuse in the appropriate timeframe. The tenant was admitted on 4-23-08. Progress notes were reviewed related to this time period and did not reveal any incidents. There were no incident reports for the tenant from April, 2008 through July, 2008. Time Log Reports were reviewed from 4-20-08 to 6-30-08 and did not reveal any alleged perpetrators.

A community meeting with 11 tenants and 1 family member was held. The tenants stated they had not been mistreated by any of the staff, they felt safe and they made their own decisions. They stated tenants sit with tablemates and they could move if they did not like where they were sitting. Tenants would recommend the program to others and were satisfied living there.

Staff #1, #2, #3, #6 and the Director were interviewed and stated none of the tenants had been physically, verbally or sexually harmed by staff. Staff #1, #2, #3, #6 and the Director stated they had not seen a staff member give the tenant a tour of the dementia unit and there had been no discussion of the tenant moving to the dementia unit. Staff #1, #3, #6 and the Director stated the tenant's medications were administered per physician's orders. Staff #1 and Staff #6 stated the tenant sat with others at meal times. Staff #3 stated the tenant sat at the table with others at times and at times by himself/herself. She stated the tenant's tablemate moved out and as new tenants came in he/she sat with others. Some tenants complained about the tenant and did not want to sit with the tenant. The Director stated one day the tenant sat by himself/herself by choice because he/she had a verbal confrontation and the other tenant got up and left. The Director indicated the tenants have a choice of seats.

A review of the tenant's file indicated medications and treatments were consistently completed per physician's order.

A family member, who was the Durable Power of Attorney (DPOA), was interviewed and requested the tenant not be interviewed.

Following a review of the tenant's file, staff interviews, the Director's interview and a review of Time Log records it could not be determined the alleged sexual assault occurred and if it occurred an alleged perpetrator could not identified.

- Regulatory Insufficiency: None noted.

Dated this 26th day of February, 2010.