IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 4, 2010

Incident #27046-I

Carollynn Campbell
Bickford Cottage
2807 Cedar Street
Muscatine, IA 52761-2276

RE: Final Incident Investigation Report, Bickford Cottage, Muscatine, IA

Dear Ms. Campbell:

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

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

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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:	20
Current number of tenants with cognitive disorder:	0

Dementia Specific Program (DSP)* – A program that is Dementia Specific and provides specialized care in a dedicated setting.

Total Population of DSP:	7
Total Population:	27

*These are the census numbers represented by the program to be applicable at the time of the on-site.

Program History – There were Regulatory Insufficiencies at the previous recertification visit in the areas of: Occupancy Agreement, Evaluation of Tenants, Service Plans, Staffing and Structural Requirements.

On-Site Incident Investigation – The monitor made the observations detailed in the following areas.

A. Criteria for exclusion of Tenants

Incident Allegation: The program reported that a tenant was found on the floor on 1-11-10 at 6:00 a.m. Due to continued reports of pain when walking, the tenant was transferred to the hospital, where a fractured pelvis was diagnosed. The tenant returned to the program with hospice comfort measures.

Monitoring Observation: Tenant #1, 92 years old, was admitted 12-1-2005 with diagnoses of Hypertension, Mild Dementia, Gastroesophageal Reflux Disease, Hyperlipidemia, Angina and Arteriosclerotic Heart Disease. The tenant was admitted to Hospice on 9-16-09 for Failure to Thrive. The cognitive assessment completed 1-8 10 scored the tenant at a four which indicated moderate cognitive decline. The tenant resided in the Memory Care Unit of the program. The service plan dated 10-29-09, documented the tenant walked with a wheeled walker and used a wheelchair, with staff assistance, for longer distances. A nurse review and cognitive, functional and health evaluations were completed on 1-8-10 with no changes needed to the service plan. The service plan and evaluations were updated on 1-12-10 following a fall on 1-11-10 with a fractured pelvis. The family decided to return the tenant to the program and provide comfort measures. The tenant died on 1-13-10.

- Regulatory Insufficiency: None noted

Dated this 4th day of June, 2010.