IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake: #28331-C
28793-C
28804-C

July 13, 2010

Patricia McNichol, Director
Bickford Cottage
3500 Lower West Branch Rd
Iowa City, IA 52245-4106

RE: Final Complaint Investigation Report, Bickford Cottage, Iowa City, IA

Dear Ms. McNichol:

Enclosed is the **Final Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Final Complaint Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiencies, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator - Central/Eastern
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Patricia McNichol, Director
Bickford Cottage
3500 Lower West Branch Rd
Iowa City, IA 52245-4106

Complaint Intake #: 28331-C
28793-C
28804-C

Date of Investigation:

May 12, 13 & 17, 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 a Complaint 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:

A complaint investigation on-site visit was conducted at Bickford Cottage in Iowa City on May 12, 13 & 17, 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):	11
Current number of tenants without cognitive disorder:	25
Total Population:	36

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

Program History – There have been substantiated Regulatory Insufficiencies this certification period in the areas of: Evaluation of Tenants, Tenant Documents, Service Plans, Medications, Staffing, Dementia – Specific Education, Record Checks and Other (not notifying DIA within 24 hours of an incident resulting in serious injury or death).

The February 16, 17 and 18, 2010 Incident and Complaint Investigation resulted in a civil penalty of $1,000.00 and Regulatory Insufficiencies in the areas of: Medications, Staffing, Dementia – Specific Education and Record Checks.

The October 6 and 7, 2009 Incident Investigation resulted in a civil penalty of $1,000.00 and a Regulatory Insufficiency in the area of Other (not notifying DIA within 24 hours of an incident resulting in serious injury or death).

The August 5 and 6, 2009 Complaint Investigation resulted in a civil penalty of $500.00 and Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Tenant Documents, Service Plans, Staffing and Other (not notifying DIA within 24 hours of an incident resulting in serious injury or death).

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

A. Evaluation of Tenant

Complaint Allegation #28831-C & 28804-C: It was alleged tenants did not receive required services.

Monitoring Observation: Eight tenant files were reviewed.

Tenant #1, 95 years old, was admitted on 11-11-02 and diagnoses include: Atrial Tachycardia, Constipation, Cough, Dementia, Gilbert Syndrome, Glaucoma, Hypertension (HTN), Inguinal Hernia and Vitamin B-12 Deficiency. According to Progress Notes dated 2-17-10 through 5-9-10, indicated the tenant had falls without significant injuries. Physical Therapy (PT) was started on 3-2-10 and discontinued on 4-13-10. The former registered nurse coordinator (RNC) faxed the tenant's doctor and indicated there were concerns that there was an undertone for the tenant's increased falls and asked if the tenant needed to have an appointment set up. The tenant's doctor indicated an appointment did not need to be set and to continue PT. Evaluations were completed appropriately with PT services.

Tenant #2, 96 years old, was admitted on 4-20-09 and diagnoses include: Atrial Fibrillation, Aortic Stenosis, Benign Prostate Hypertrophy (BPH), Congestive Heart Failure (CHF), Dementia, Degenerative Joint Disease (DJD), Gout, Hearing Deficiency and a Hernia. According to Progress Notes dated 3-1-10, the tenant had complained of constipation. The tenant was given a glass of prune juice with a glass of water. On 3-4-10, the tenant was seen by the doctor and was placed on Docusate, as needed. According to notes dated 3-10-10, the tenant did not have any complaints of constipation or diarrhea. Progress Notes dated 4-8-10, indicated the tenant complained of loose stools. The tenant's doctor was contacted and the program received an order to monitor the tenant for loose stools to see if they persist or resolve. On 4-9-10, according to progress notes, the tenant indicated the loose stools might have improved. Evaluations were completed appropriately on 4-9-10 to reflect increased toileting assistance.

Tenant #3, 97 years old, was admitted on 9-21-09 and diagnoses include: Dementia, CHF, Coronary Artery Disease (CAD), Atrial Fibrillation and Chronic Obstructive Pulmonary Disease (COPD). According to Progress Notes dated 4-29-10, the tenant was found on the floor in front of the chair. According to Progress Notes, there was a 30 day trial period where the tenant's spouse stayed with the tenant more frequently. Evaluations were completed appropriately.

Tenant #4, 89 years old, was admitted on 2-25-06 and diagnoses include: Actinic Keratosis, Anxiety, CHF, Constipation, Cough, Dementia, Diarrhea, Eczema, Hemorrhoids, HTN, Hyperlipidemia and Pain. The tenant was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive impairment. According to Progress Notes and Incident Reports, the tenant fell on 3-7-10 and 3-14-10. On 3-7-10 the tenant was found on the floor and did not have any injuries. The tenant's doctor was notified of the fall, an incident report was completed and a nurse review was completed. On 3-14-10 the tenant was found on the floor in front of the chair and complained of head, back, left hip and left hand pain. The tenant was able to bear

weight. The RNC assessed the tenant on 3-15-10 and the tenant's doctor was made aware of the fall. An incident report and PRN nurse review were completed related to this fall. According to Progress Notes dated 2-22-10, the tenant complained of bilateral lower back/flank discomfort. An order was received for a Urinalysis (UA) on 2-22-10 and the specimen was obtained on 2-23-10. On 2-26-10, Bactrim DS, one tablet twice daily was ordered and administered for three days. This was discontinued when the tenant developed a rash. Levaquin, 250 mg by mouth, every other day for five doses, was then ordered. According to the tenant's History and Physical form and the Medication Administration Records (MARs), the tenant was allergic to Penicillin; however, Sulfa was not listed as an allergy. Sulfa was added as an allergy on the March 2010 MARs and was listed as an allergy on the April and May 2010 MARs. According to Progress Notes dated 3-22-10, staff were not able to locate the tenant's upper denture. All areas of the building were searched multiple times without success. An order was received on 3-24-10 for ProDen Rx, the tenant was to swish and spit and if unable to spit the brush could be dipped in the solution and brushed on the tenant's teeth. According to the MARs for March, April and May, 2010, the wash was administered as ordered. Evaluations were completed appropriately.

Tenant #5, 93 years old, was admitted on 3-28-09 and diagnoses include: Atrial Fibrillation, BPH, Falling Episodes, Frontal Intraparenchymal Hemorrhage (IPH), HTN, Hypercholesterolemia and Transient Ischemic Attack (TIA). The tenant was staged at five on the GDS, which indicated moderately severe cognitive impairment. Progress Notes dated 3-1-10 through 5-12-10 documented wound treatment. Evaluations were completed appropriately.

- Regulatory Insufficiency: None noted.

B. Service Plan

Complaint Allegation #28831-C & 28804-C: It was alleged tenants did not receive the services required.

Monitoring Observation: Tenant #1's file was reviewed. According to Progress Notes dated 2-17-10 through 5-9-10, the tenant had falls without significant injuries. PT was started on 3-2-10 and discontinued on 4-13-10. The RNC faxed the tenant's doctor and indicated there were concerns in regard to the tenant's increased falls and asked if the tenant needed to have an appointment set up. The doctor indicated an appointment was not needed and to continue PT. The tenant's service plan was updated appropriately with PT services.

Tenant #2's file was reviewed. According to Progress Notes dated 3-1-10, the tenant had complained of constipation. The tenant was given a glass of prune juice with a glass of water. On 3-4-10, the tenant was seen by the doctor and was placed on Docusate, as needed. According to notes dated 3-10-10, the tenant did not have any complaints of constipation or diarrhea. Progress Notes dated 4-8-10 indicated the tenant complained of loose stools, the tenant's doctor was contacted and an order was received to monitor the tenant for loose stools. On 4-9-10, according to notes, the tenant indicated the loose stools might have improved. The service plan was updated appropriately on 4-9-10 to reflect increased toileting assistance and increased housekeeping services.

Tenant #3's file was reviewed. According to Progress Notes dated 4-29-10, the tenant was found on the floor in front of a chair. The service plan was updated appropriately.

Tenant #4's file was reviewed. According to Progress Notes and Incident Reports, the tenant fell on 3-7-10 and 3-14-10. On 3-7-10 the tenant was found on the floor and did not have any injuries. The tenant's doctor was notified of the fall and an incident report and nurse review were completed. On 3-14-10 the tenant was found in front of a chair and complained of head, back, left hip and left hand pain. The tenant was able to bear weight. The RNC assessed the tenant on 3-15-10 and the tenant's doctor was made aware of the fall. An incident report and nurse review were completed. According to Progress Notes dated 2-22-10, the tenant complained of bilateral lower back/flank discomfort. An order was received for a UA on 2-22-10 and the specimen was obtained on 2-23-10. On 2-26-10, Bactrim DS, one tablet twice daily was ordered. This was administered for three days and then discontinued due to the tenant developing a rash. Levaquin, 250 mg by mouth, every other day for five doses, was ordered. According to the tenant's History and Physical form and the Medication Administration Records (MARs), the tenant was allergic to Penicillin; however, Sulfa was not listed as an allergy. Sulfa was added as an allergy on the March 2010 MARs and was listed as an allergy on the April and May 2010 MARs. According to Progress Notes dated 3-22-10, staff were not able to locate the tenant's upper denture. All areas of the building were searched multiple times and staff were unable to locate upper dentures. An order was received on 3-29-10 for ProDen Rx. The tenant was to swish and spit out the solution and if the tenant was unable to spit it out the brush could be dipped in the solution and brushed on. According to the MARs for March, April and May 2010, the wash was administered as ordered. The tenant's service plan was updated appropriately.

Tenant #5's file was reviewed. Progress Notes dated 3-1-10 through 5-12-10, documented wound treatment. The tenant's service plan was updated appropriately.

Staff #1, #2, #3, #4, #5, #6 and #7 were interviewed. Staff #1, #2, #3, #5, #6 and #7 indicated the tenants received the cares they required. Staff #1, #2, #3, #5, #6 and #7 indicated Tenant #4 received oral cares. Staff #4 stated she had concerns cares were not completed; however, was not able to prove they were not. Staff #1 stated the tenant would take out his/her teeth and set them on the table or put them into a basket or wrap them up in a napkin. Staff #3 stated when the dentures were lost staff looked extensively and did not find them. The former RNC was interviewed and stated Tenant #4 received oral cares and staff would have reported to her if they were not getting done. She stated Tenant #4 took out his/her dentures frequently and the building was searched as soon as they were aware the dentures were missing. Staff #1, #2 and #3 stated they reviewed and were included in the development of service plans. Staff #4 stated not all staff read the service plans.

A community meeting with 15 tenants and five tenant interviews were held. The tenants did not have any concerns regarding housekeeping, including bathrooms.

- Regulatory Insufficiency: None noted.

C. Nurse Review

Complaint Allegation #28831-C: It was alleged there was not sufficient nurse follow up regarding a tenant with wound care.

Monitoring Observation: Three tenant files were reviewed for tenants who received treatment for wound care.

Tenant#2's file was reviewed including the treatment Records for February, March and April 2010. The tenant had an order for TED Hose to be put on in the morning and taken off in the evening. The tenant did not refuse this treatment in February and the majority of March. The tenant refused the TED Hose on 3-24-10 and 3-31-10 and from 4-1-10 through 4-8-10. On 4-2-10 the Treatment Record indicated the tenant refused the TED Hose and complained that his/her legs were sore, on 4-4-10 the tenant refused and complained that his/her skin was tender and on 4-6-10 the tenant refused and complained his/her legs and skin hurt. According to the Treatment Record, an order was received on 4-8-10 to cleanse the tenant's lower right shin with soap and water, apply antibiotic ointment and if the shin was bleeding to apply a bandage.

The former RNC was interviewed and stated Tenant #2 scraped his/her leg and it was reported to her one and one half to two weeks after the incident occurred. She stated the Director looked at the scrape the day it occurred. The tenant scraped his/her leg while out at a doctor's appointment. The former RNC looked at the scrape when she became aware of it and it had a dressing on it; however, she did not know who put the dressing on or how long it had been on the tenant's leg. She stated the wound did not have any drainage, the bandage was not stuck to the wound, the dressing was not too tight and it was easy to remove. She stated staff did not notify her that the tenant refused the TED Hose.

The Director was interviewed and stated the tenant had an abrasion and she looked at it on the day the tenant returned to the program with the abrasion. She stated Staff #4 put a dressing on it. The Director and Staff #4 did not relay the information to the RNC. The scrape on the leg was superficial and it occurred outside the program.

The tenant refused TED Hose frequently between 3-24-10 and 4-8-10 and had complaints of skin tenderness and legs and skin hurting. The tenant had a superficial abrasion that occurred when at a doctor's appointment. The nurse completed a PRN nurse review; however, it was not at the time of the abrasion and frequent refusals of the TED hose. Nurse review was not completed as needed.

- Regulatory Insufficiency: If a tenant does not receive personal or health related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or licensed practical nurse via nurse delegation: To access and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status (IAC r. 481-69.27(3))

D. Staffing

Complaint Allegation #38804-C: It was alleged the Director worked as third staff member and only nurse at the program.

Monitoring Observation: The Director was an RN with an active nursing license. Staff #8, an RN was on call every other weekend. Staff#9, an Nurse, was on call every night and worked every other weekend. The Divisional Quality Assurance (QA) nurse was on-site at least one day to oversee nursing issues. A new RNC accepted the position effective 6-14-10.

The Director was interviewed. She stated she worked on the floor and it allowed her to know what was going on. She helped with cares approximately one time per week and helped with meals daily. She stated she enjoyed helping at meals.

- Regulatory Insufficiency: None noted.

Complaint Allegation #28804-C: It was alleged a tenant fell and sustained an injury. It was alleged a tenant did not have his/her assistive device when the tenant attempted to leave. It was alleged another tenant, who had a history of falls, fell. It was alleged tenants had to wait for staff to bring walkers back into the dining area.

Monitoring Observation: According to an Incident Report dated 5-9-10, Tenant #2 finished breakfast, stood up and then fell beside his/her chair onto the wheelchair of a tenant at the next table. The tenant rolled over to his/her left side with legs slightly drawn up. Staff provided a blanket and pillow to make the tenant comfortable while waiting for the ambulance to arrive. The ambulance crew arrived, stabilized the tenant and transported the tenant to the hospital. According to the Incident Report, the tenant's physician and family were notified. The tenant was historically independent with ambulation with his/her walker, was compliant with using the walker and also in asking for the walker when he/she did not have it. The fall with injury was reported to the Department and an incident report was written.

According to an Incident Report dated 5-9-10, Tenant #1 witnessed another tenant fall to the floor and attempted to quickly stand up to help and fell backwards to the floor. The tenant sat up, stood up and stated he/she was okay. The tenant was asked to sit and rest a minute before leaving the dining room but refused and insisted on leaving. The tenant was checked on a half hour later. The tenant's family was notified and there was an incident report written. Tenant #1's file appropriately reflected the falls that occurred.

The Director was interviewed and stated Staff #2 and #3 were in the dining area and she was in the kitchen when Tenant #1 and Tenant #2 fell. She stated Tenant #1 lost his/her balance getting up. Tenant #2's lips were blue, extremities were cold and the tenant's blood pressure was low. She stated the tenant was rubbing his/her hip area. Staff called an ambulance, did not move the tenant and covered the tenant with a blanket. The Director stated the tenant stood up and instantly fell. The tenant sustained a hip fracture and it was reported to the Department. The tenant ambulated independently with a walker prior to the fall and did not have a history of falls with significant injury.

Staff #2 was interviewed and stated Tenant #2 got up too fast and fell. She stated the tenant's lips were blue, his/her skin was cold and pale and his/her blood pressure was low. The tenant reported his/her right hip hurt and an ambulance was called and family was notified. She stated someone stayed with the tenant at all times. The tenant had morning medications; however, blood pressure monitoring was not required. She stated the tenant did not ambulate without the walker and had not had any other falls.

Staff #3 was interviewed and stated the tenant fell and his/her lips were blue. Staff responded and assessed the tenant, made the tenant comfortable and an ambulance was called. He stated staff stayed with the tenant until the ambulance arrived. Staff #3 stated the tenant did not ask for his/her walker and should have waited for help. Staff#3 stated he was not aware of the tenant having had other falls and the tenant ambulated independently with the walker.

A community meeting with 15 tenants was held. A tenant complimented the efforts of staff during an emergency situation in the dining room, in which a tenant had fallen.

According to Resident Council Meeting minutes from 3-18-10, the tenants indicated there was too much congestion in the dining room and requested to move the walkers and wheelchairs out the room.

- Regulatory Insufficiency: None noted.

Complaint Allegation #28793-C: It was alleged that the door locking system was not functioning and a tenant attempted to elope from the program. It was alleged the tenant had an alarm which did not function.

Monitoring Observation: Incident Report Logs for the past three months were reviewed, and did not include any elopements. Staff #1, #2, #3, #4, #5, and #6 did not identify any tenants that eloped from the program. The Director provided a written statement regarding the issues with the door alarms and indicated on 5-9-10 at 3:00 a.m. she received a telephone call from third shift staff stating the fire alarms were going off. She indicated the fire alarms had been "misfiring" for the past 48 hours, so instructions had been prepared by the alarm company. When the Director arrived at 3:30 a.m. the alarms were off; however, the strobe lights were blinking. The alarm company was called and the technician instructed staff on how get the strobe lights turned off. The Director called the Director of Property Management with the corporation. The Home Free door alarms were working for those individuals with a personal watch and the call cord system was working; however, the magnetically locked doors were not alarming. Room checks were initiated every 30 minutes and during that time none of the tenants eloped. The system was fully operational on 5-10-10 at 5:00 p.m.

Tenant #5's file was reviewed. The Progress Notes did not indicate the tenant eloped from the program. According to notes dated 5-4-10 at 10:00 p.m. the tenant's alarm sounded and staff found the tenant going out into the secured courtyard in a brief and a t-shirt. The tenant initially refused to go inside but staff did get the tenant to return to bed. Later the tenant's alarm sounded and he/she was found in another tenant's apartment. The tenant's service plan identified that the tenant may awaken during the night and identified the tenant had a Home Free watch and staff were to monitor the tenant for complaints of dizziness and an unsteady gait.

- Regulatory Insufficiency: None noted.

During the course of the investigation, the following information was obtained.

Monitoring Observation: A community meeting with 15 tenants was held and 5 tenant and three family members were interviewed. The tenants and family members indicated more staff were needed. Tenants stated they were getting the services they required; however, at times, staff were rushed, seemed rough and cares were abrupt. Tenants reported in the early morning hours they waited up to 15 to 30 minutes for cares, were told rounds needed to be completed first. At times, staff did not respond at all. There were concerns about the lack of consistency in services and cares provided and the tenants stated care needs had increased. They were concerned about the turnover of staff and indicated there were delays, including for showers, when there were not enough staff scheduled. They reported concerns about cares not being completed, as needed, and according to their service plans.

They mentioned, at times, tenants wait for long periods of time in the dining room for their meals. Tenants stated the breakfast meal service was slow and they had waited approximately 40-45 minutes or an average time of from 15 to 25 minutes. They stated at times, the beverage was served at the end of the meal. Tenants stated at times, family members assist in the dining room. One day the tenants waited a half hour for beverages at a meal. Tenants indicated it depended on who was working the shift.

Staff #1 stated when the program was fully staffed, the staffing was adequate; however, she stated that only one or two days per week there was full staff. Staff #1 stated tenants had complained about a lack of help. She stated she felt rushed; however, she did not rush the tenants. Staff #2 stated every day was a rush for staff and two to three days per week there was full staff. She stated the cares were done; however, it took longer. Staff #4 stated there was not enough staff and three to four days per week there was full staff. She stated showers were getting done; however, staff changed times and days of showers and it was inconsistent and staff hurried with cares. Staff #4 stated it depended on who was working if there was enough staff at meal times. Laundry was not getting put away, the dining room did not get cleaned up in a reasonable time, mail was delivered late, and tenant cares were late. She stated sometimes the tenants that required routine toileting had to wait.

The former RNC was interviewed and stated that towards the end of her employment, there was not enough staff and everyone helped including the Director, the Activity Director and the RNC. She stated staff did not rush cares.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

E. Life Safety

Complaint Allegation #29793-C: It was alleged a furnace room was crowded and was a hazard, the staff bathroom had exposed wires near the sink, a chair was put in front of an exit door and the locking system did not function and the doors could not be locked.

Monitoring Observation: See attached State Fire Marshal report.

- Regulatory Insufficiency: None noted.

Complaint Allegation #28804-C: It was alleged the fire alarms went off over a weekend and staff did not know what to do and did not evacuate the tenants. It was alleged there was not a full sidewalk around the facility.

Monitoring Observation: See attached State Fire Marshal report.

- Regulatory Insufficiency: None noted.

F. Other

Complaint Allegation #28804-C: It was alleged a tenant had pink eye.

Monitoring Observation: The Director, RN, was interviewed and indicated she was not aware of any tenants or staff that had pink eye. According to staff training records, staff were trained on nurse delegated tasks including hand washing. Eight tenant files were reviewed and did not indicate any issues with pink eye. Staff #7 was interviewed and indicated none of the tenants had pink eye.

- Regulatory Insufficiency: None noted.

Complaint Allegation #28804-C: It was alleged the Director's nursing license had a reported "red flag" against it.

Monitoring Observation: The Director was hired on 8-17-09 and background checks were completed and did not reveal any potential hits. The Director's nursing license was active and did not have any disciplinary action against it. Staff #8 and Staff #9, both nurses, worked on an as needed and back up basis and have active nursing licenses.

- Regulatory Insufficiency: None noted.

Dated this 13th day of July, 2010.

DEPARTMENT OF PUBLIC SAFETY
FIRE MARSHAL'S INSPECTION DIVISION

LOCATION	Iowa City	COUNTY	Johnson	DATE	05/24/2010
OCCUPANT	Bickford Cottage	ADDRESS	3500 Lower West Branch Road Iowa City, IA 52245-4106		
OWNER		ADDRESS			
AGENT		ADDRESS	3500 Lower West Branch Road Iowa City, IA 52245-4106		

WE HAVE INSPECTED THE ABOVE PREMISES AND FIND: FACILITY TYPE: Assisted Living

COMPLY AS FOLLOWS:

I inspected the Bickford Cottage on 5/18/10 and found that the door problem had been fixed. The door was able to operational during the visit by DIA. The problem on the door was that the delayed egress magnetic lock was the portion that was out of service but the door was still able to be used for egress.

The fire alarm is going in and out of trouble because of a leak in the dry sprinkler system. The compressor is too small to deal with the dry attic system and they are purchasing larger compressor to correct this problem. At the time of the inspection, the fire alarm system was normal.

I could not find a furnace room that had standing water in it as called out in the DIA inspection. The room in question must have cleaned up and in normal condition. During the inspection I could not locate the furniture blocking the door or the electrical panel being blocked. .

I talked with Rob Van Pelt about the sidewalks and I will send them a notification of keeping a pathway clear and unobstructed in the future to a public right of way.

CORRECT ABOVE CONDITIONS BY	
DATE OF COMPLIANCE	
	DEPUTY FIRE MARSHAL Val Reeves
OCCUPANT	

PLEASE NOTIFY THE OFFICE OF FIRE MARSHAL UPON COMPLIANCE

State Fire Marshal 215 E. 7th St. Des Moines , Iowa 50319