IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Complaint Intake: 31398-C

December 10, 2010

Ms. Mary Keen, Director
Bickford Cottage
101 New Castle Road
Marshalltown, IA 50158

RE: Final Complaint Investigation Report, Bickford Cottage, Marshalltown, Iowa

Dear Ms. Keen:

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 **Preliminary Complaint Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiency, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Certification Coordinator
Adult Services Bureau

Enclosure

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

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

Assisted Living Program: **Complaint Intake #: 31398-C**

Mary Keen, Director
Bickford Cottage
101New Castle Road
Marshalltown, IA 50158

Date of Investigation:

November 9 and 16, 2010

Monitor(s):

Joyce Kix, RN
Lori Miner, RN BSN

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 on November 9 and 16, 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 were substantiated Regulatory Insufficiencies found in the areas of: Food Service, Record Checks during this certification period.

The recertification onsite visit of April 7, 2010 resulted in a fine of $500. There were Regulatory Insufficiencies in the areas of Food Service and Record checks.

Complaint Investigation – The complaint investigators made the observations detailed in the following areas.

A. Criteria for Exclusion of Tenants

Complaint Allegation: It was alleged that two tenants require a higher level of care.

- Monitoring Observation: Four clinical records were reviewed. Three staff members were interviewed. Observation of tenants was completed during breakfast and lunch on 11-9-10 and breakfast on 11-16-10. All tenants were either assisted or ate independently. All tenants were neat, clean and appropriately dressed. There were no tenants at the program identified who exceeded the level of care criteria.

- Regulatory Insufficiency: None noted.

B. Staffing

Complaint Allegation: It was alleged the program was short staffed in October and did not provide adequate and appropriate cares to tenants.

- Monitoring Observation: The program reported the staffing pattern at the program was one Certified Medication Aide (CMA) or one Licensed Practical Nurse (LPN) and two certified nurse's aides (CNA) on the day and evening shifts and one CMA and One CNA on the overnight shift. The schedule for the month of October documented only two staff scheduled for the day shift on 10-16-10. During interview, Staff #1 stated the program did not have adequate staff to feed two hospice tenants on 10-16-10 because one CNA was unable to come in for the short shift 7:00 am to 1:30 pm. Staff #1 called the on call Hospice registered nurse who came to the program and fed two hospice patients and completed their cares. Observation of tenants on 11-9 and 11-16-10 revealed all tenants were neat, clean and had adequate assistance to eat. The program director reported that staffing for 10-16-10 was short because one staff member was terminated 10-15-10, the director was out of town and there were no agency staff available.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481- 69.9(1))

Dated this 7th day of December 2010.