IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 27, 2010

Ms. Kim Schaffer, Director
Bickford Cottage of Clinton
1150 13th Avenue North
Clinton, IA 52732

RE: Final Incident Investigation & Recertification Monitoring Evaluation Report – Bickford Cottage of Clinton, Clinton, IA

Dear Ms. Schaffer:

Enclosed is the **Final Incident Investigation & Recertification Monitoring Evaluation 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. No Regulatory Insufficiencies were found during this on-site inspection.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0010** with effective dates of **October 1, 2010** through **September 30, 2012.**

If you have any questions in regard to this certification, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Certification Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #: 31838-I**

Kim Schaffer, Director
Bickford Cottage of Clinton
1150 13th Avenue N.
Clinton, IA 52732

Date of Incident Investigation & Monitoring Visit:

December 14, 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 of Clinton on December 14, 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) :	5
Current number of tenants without cognitive disorder:	23
Total Population:	28

***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 14 tenants was held. The tenants did not have any concerns with maintenance, housekeeping or laundry. They reported nursing services were available. The majority of the tenants reported staff responded quickly when they called for assistance; however, one tenant reported staff took longer to respond at night. The tenants described staff as great and reported they were getting all the services they required. The tenants stated the food was good and the temperature of the food was appropriate. The tenants liked the choices offered at meals. They requested more variety of meats served and one tenant reported the pork and beef were tough. There were sufficient activities offered and they enjoyed music, Bingo, exercises and cards. The tenants received a calendar and no improvements with activities were needed. They felt safe and made their own decisions. The tenants were satisfied and would recommend the program to others. The tenants enjoyed the friendly staff and friendly tenants. One tenant reported he/she enjoyed the privacy provided.

Program History – There were Regulatory Insufficiencies found in the areas of Transportation and Record Checks during 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 onsite recertification monitoring evaluation.**

A. Other

Incident Allegation: The program reported a tenant eloped and was found approximately a half mile from the program. It was reported the tenant was assessed at the Emergency Room (ER) and was transported to a geriatric psych unit.

- Monitoring Observation: Tenant #1, an 82 year old, was admitted on 11-12-10 and diagnoses include Diabetes Mellitus, Alzheimer's Disease, Chronic Renal Failure (CRF) and Hypertension (HTN). The tenant scored below the normal range on the Mini Mental Status Examination (MMSE). The tenant was discharged on 11-26-10. According to an Incident Report dated 11-18-10 at 4:00 a.m., staff checked the tenant at approximately 3:00 a.m. and the tenant was in his/her apartment. Staff checked on the tenant again at 4:00 a.m. and the tenant was not in the apartment. Staff observed the window in the tenant's apartment was open and the screen was against the wall. Staff conducted a search of the tenant's apartment, followed by a search of the all the apartments in the building and the exterior of the building. Staff notified the Director and continued to search for the tenant. The Director arrived and called the local police department. The police informed the Director they had just received a call from a nursing home and the tenant was at the nursing home. A staff member from the nursing home found the tenant walking around the building looking for a way into the building. The nursing home was directly up the street approximately a half mile from the program. The tenant's legal representative was notified. The tenant was taken to the ER and did not sustain any injuries. The tenant was placed in a geriatric pysch unit. The tenant's physician was also contacted, according to the report.

  According to Progress Notes dated 11-26-10, the doctor treating the tenant wanted the tenant in a closed dementia unit. The tenant was discharged on 11-26-10; however, the tenant did not return to the program after the elopement on 11-18-10.

  Evaluations were completed and service plan was developed prior to taking occupancy. On 11-16-10 Aricept was discontinued, Excelon Patch 9.5 mg every day was started and Seroquel 25 mg three times daily as needed for agitation was started.

  Staff #1, #2 and #3 reported the tenant had not eloped previously. Staff #1, #2 and #3 did not identify any other tenants who had eloped. Staff #1, #2 and #3 reported there were sufficient staff to meet the needs of the tenants. Staff #1, #2 and #3 did not identify any tenants that exceeded the appropriate level of care.

  The Director stated evaluations were completed prior to admission and the tenant was an appropriate admission. She stated the tenant did not meet any of the triggers with elopement. The tenant did not have any other elopements and did not have exit seeking behavior. She said staff followed the Missing Resident policy and the tenant did not have any injuries or harm related to the elopement.

  The nurse stated evaluations were completed prior to taking occupancy and there were no issues with elopement at the admission evaluation. The nurse reported the tenant did not meet any of the triggers for the Wanderguard watch. The tenant was ambulatory without an assistive device, according to the nurse. She stated staff

followed the Missing Resident policy and the tenant did not have any injuries or harm related to the incident.

The Missing Resident policy was reviewed and staff followed the policy. Incident Reports were completed by the Director and staff related to the elopement. The program reported the elopement to the department appropriately. The tenant did not return to the program and was discharged on 11-26-10.

- Regulatory Insufficiency: None noted.

Dated this 20th day of December, 2010.