IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Incident Intake #: 32197-I

January 5, 2011

Ms. Kathy Savits, Interim Director
Bickford Cottage
5915 Sutton Place
Urbandale, IA 50322

RE: Final Incident Investigation Report – Bickford Cottage, Urbandale, IA

Dear Ms. Savits:

Enclosed is the **Final Incident Investigation Report** from the on-site monitoring visit of December 29 and 30, 2010, 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 identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #: 32197-I**

Kathy Savits, Interim Director
Bickford Cottage
5915 Sutton Place
Urbandale, IA 50322

Date of Incident Investigation:

December 29 and 30, 2010

Monitor(s):

Joyce Kix, RN

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 on December 29 and 30, 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) :	20
Current number of tenants without cognitive disorder:	14

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

Total Population of DSP:	10
Total Census of ALP:	44

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

Program History – The program has had substantiated Regulatory Insufficiencies in the areas of: Record Checks, Structural Requirements, Food Service, Evaluation of Tenant, Criteria for Exclusion of Tenants, Nurse Review, Service Plan, Staffing and Other during the past certification period.

The recertification and complaint investigation of 31684-C on November 15, 2010 with Regulatory Insufficiencies in the areas of Nurse Review and Staffing, resulted in a $500 fine.

The incident investigation of 31160-I and 31508-I on October 29, 2010, with Regulatory Insufficiencies in the areas of Evaluation of Tenant, Service Plan and Staffing, resulted in a $1,000 fine.

The complaint history during the past certification period includes the complaints and incident investigation of #29017-C, #29093-C and # 29094-I on June 8, 9 and 14, 2010, with Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Criteria for Exclusion of Tenants, Nurse Review, Service Plan and Other, which resulted in a $1000.00 fine.

The complaint investigation of #25076-C on September 22, 2009, with a Regulatory Insufficiency in the area of Structural Requirements, resulted in a $500.00 fine.

On-Site Monitoring Evaluation – The monitor made the observations detailed in the following areas.

A. Staffing

Incident Allegation: The program reported a tenant eloped from the secured dementia unit.

- Monitoring Observation: Tenant #1, a 77 year old, was admitted 11-26-10 with diagnoses of: Memory Loss, Hypercholesterolemia, Atrial Fibrillation, and Hypertension. The tenant scored 3 on the Global Deterioration Scale (GDS) completed 11-26-10 and subsequently scored 5/6 on the GDS completed 12-8-10. A score of 5 indicates moderately severe cognitive decline. The tenant was admitted to the secured unit after a trial at an open unit at another program during which he/she had eloped. According to the incident report of 12-15-10, the tenant exited from south door sounding the alarm. The door is a fire safety door which opens after 15 seconds of pressing on it. The tenant was wearing a Home Free Alarm bracelet which alerted staff of the exit at 10:19.24 a.m. Staff immediately began to look for the tenant. The alarm again alerted staff to the tenant's whereabouts at 10:22.51 as he/she walked by the north door. The tenant was observed outside the unit on the sidewalk and returned to the building at 10:23.07 a.m. The program added additional alarms which sound when the seal to the door is broken and signs to alert the tenant not to exit. The system in place to alert staff to tenant elopement worked appropriately. The program reported the elopement to the department appropriately on 12-16-10.

- Regulatory Insufficiency: None noted.

Dated this 5th day of January 2011.