IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Incident Intake #: 32166-I

March 16, 2011

Ms. Kris Trotter, Director
Bickford Cottage Assisted Living
5101 University
Cedar Falls, IA 50613

RE: I. Final Incident Investigation & Recertification Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Trotter:

I. Final Incident Investigation & Recertification Report – Bickford Cottage Assisted Living, Cedar Falls, IA

Enclosed is the **Final Incident Investigation & Recertification Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Dementia Specific Education for Program Personnel and Record Checks. **Bickford Cottage Assisted Living**("Program") is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

DIA is accepting the Plan of Correction (POC) following the Program's submission of information.

II. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant in accordance with IAC 67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send cover letter to the attention of **Rose Boccella** and remit the penalty assessed by check or money order in the amount of three hundred twenty five dollars ($325) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to IAC chapter 481—10. If the Program appeals, the civil penalty will be suspended, pending the appeal process. If the Program does not appeal, the fine is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate **S0028** with effective dates of **February 1, 2011** through **January 31, 2013**.

V. Conclusion

The Program is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The POC submitted on February 23, 2011, has been reviewed and will constitute the final POC related to the on-site visit of January 27, 2011.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions in regard to this letter and report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #: 32166-I**

Kris Trotter, Director
Bickford Cottage Assisted Living
5101 University
Cedar Falls, IA 50613

Date of Incident Investigation:

January 27, 2011

Monitor(s):

Joyce Kix, RN
Maribeth Freland, 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 Assisted Living on 1-27-11. 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:	24
Total Population:	29

***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 was held with four tenants. They reported the staff were attentive and courteous and answered calls usually within five minutes. The tenants stated the food was getting better and the new activity person was great. They said they felt safe at the program and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Staffing

Incident Allegation: The program reported a tenant slipped from his/her shower bench.

- Monitoring Observation: Tenant #1, a 92 year old, was admitted 2-22-07 with diagnoses of: Multi Infarct Dementia, Thyroid Cancer, and Glaucoma. The tenant scored 4 on the Global Deterioration Scale (GDS) dated 7-8-10 which indicated moderate cognitive decline. The service plan of 9-24-10 documented the tenant required staff assistance of one for transfer and ambulation. The incident report of 12-9-10 documented the staff member was present but had turned to retrieve supplies and turned back again as the tenant slid to the shower floor. Observation of the tenant's bathroom walk in shower revealed the supplies were situated within five feet of the staff member as she stood by the tenant. The shower bench was stable and was the property of the tenant and did not have a safety belt. There was a hand rail safety bar attached to the shower. The monitor found no indication of program culpability.

- Regulatory Insufficiency: None noted.

B. Dementia-specific education for program personnel

- Monitoring Observation: Staff #1, a housekeeper, had a hire date of 11-22-10. Staff #1's personnel record lacked evidence of completion of the required eight hours of dementia specific training within 30 days of hire.

  Staff #2, a certified nurse aide (CNA), had a hire date of 12-6-10 and provided direct care to the tenants. Staff #2's personnel record documented six of the eight hours of dementia specific training had been completed. The Director acknowledged Staff #2 had not completed the dementia training as required.

  Staff #3, a CNA, had a hire date of 12-2-10 and provided direct care to tenants. Staff #3's personnel record documented two of the eight hours of dementia specific training had been completed.

  Staff #4, a CNA, had a hire date of 12-10-03. Staff #4's personnel record lacked documentation of the required eight hours of dementia specific training for 2009 and 2010.

  Staff #5, a licensed practical nurse, had a hire date of 9-9-2010. Staff #5's personnel record lacked evidence of completion of eight hours of dementia specific training. During interview, the staff member reported she was scheduled to attend five more hours of training before the end of January 2010. The staff member did not have eight hours of dementia specific training within 30 days of employment and direct contact with tenants.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))

C. Record Checks

- Monitoring Observation: Staff #1 had a hire date of 11-22-10. Staff #1's personnel record contained criminal history, dependent adult abuse and child abuse background checks, all dated as completed on 12-2-10. The program failed to complete background checks prior to hiring Staff #1.

- Regulatory Insufficiency: Pursuant to Iowa code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse, and child abuse check performed before the prospective employee starts work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of Human Services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirement of Iowa code 135C 33 and Administrative rules adopted pursuant to Iowa Code section 135 C 33. (IAC r. 481-67.9 (3))

Dated this 28th day of February 2011.