IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Incident Intake #: 32678-I

March 21, 2011

Nicole Ward, Manager
Bickford Cottage of Muscatine
2807 Cedar Street
Muscatine, IA 52761

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

Dear Ms. Ward:

I. Final Incident Investigation & Recertification Report – Bickford Cottage of Muscatine, Muscatine, 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: Food Service, Structural Requirements and Record Checks. Bickford Cottage of Muscatine ("Program") is being assessed a $1,000 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 **Jim Berkley** and remit the penalty assessed by check or money order in the amount of six hundred fifty dollars ($650) 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 **S0009** with effective dates of **October 1, 2010** through **September 30, 2012**.

V. Conclusion

The Program is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The POC submitted on February 24, 2011, has been reviewed and will constitute the final POC related to the on-site visit of February 1, 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, Jim Berkley, at 515/281-4116.

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 #: 32678-I**

Nicole Ward, Manager
Bickford Cottage of Muscatine
2807 Cedar St.
Muscatine, IA 52761

Date of Incident Investigation:

February 1, 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 of Muscatine on February 1, 2011. 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):	8
Current number of tenants without cognitive disorder:	7

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

Total Population of DSP:	2
Total Census of ALP:	17

***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 six tenants. The tenants reported they liked everything about the program. Staff was respectful and calls were answered in a matter of minutes. The tenants said the food was great and the activities plentiful. They reported they were satisfied with 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. Food Service

- Monitoring Observation: Staff #5 had a hire date of 8-25-10 and assisted with serving food to tenants. Staff #6 had a hire date of 11-27-10 and assisted with serving food to tenants. Staff #7 had a hire date of 12-20-10 and assisted with serving food to tenants. Personnel records lacked documentation of completion of food safety and sanitation orientation or training.

  The ServSafe Certified Dietary Manager stated that she had not completed the food safety training in the past year or for new employees.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28 (5))

B. Staffing

Incident Allegation 32678-I: The program reported a tenant fell and sustained a head injury requiring surgery.

- Monitoring Observation: Tenant #1, a 97 year old, was admitted 1-3-08 with diagnoses of: Diabetes, Osteoarthritis, Alzheimer's Dementia, Atrial Fibulation and Hypertension. The tenant scored 3 on the Global Deterioration Scale (GDS) dated 11-23-10 which indicated mild cognitive decline. The service plan of 11-23-10 documented the tenant was independent with a walker for transfer and ambulation. The incident report of 1-22-11 documented the staff found the tenant sitting on the floor of his/her bathroom. The tenant refused transfer to the hospital several times. On 1-23-10 the tenant was transferred to the emergency room and was later hospitalized for an intracranial bleed. The monitor found no indication of program culpability. The program reported the incident to the Department appropriately.

- Regulatory Insufficiency: None noted.

C. Structural Requirements

Monitoring Observation: On 2-1-11 at approximately 9:50 am, the monitor toured the dementia unit accompanied by Staff #1, a certified nurse aide (CNA). Staff #2, a maintenance personnel, was working in the common area of the unit upon the monitor's arrival. Staff#2 reported the exit door which led to the enclosed courtyard did not have an audible alarm when opened; however, it did have an alarm that notified staff of the door opening via a pager system. Staff #1 reported a pager is carried by the staff working in the dementia unit, by at least one staff working in the general population area of the building and by the staff passing medications each shift. Staff #2 said the door to the courtyard is locked at all times.

The building has one door in the dementia unit (courtyard door) and 2 doors in the general population area (patio door and the sitting room door) which are alarmed with the

pager alarm system. The program had two tenants who resided in the secured dementia unit and fifteen tenants who resided in the general population. Eight of the tenants in the general population had been scored at a 4 or greater on the GDS scale, indicating moderate to moderately severe cognitive deficits.

The monitor noted the courtyard door handle of the secured dementia unit showed the locking device to be pushed in and turned to a horizontal position. The monitor turned the handle without touching the lock and the door opened. The monitor reclosed the door. Program staff did not come to check the door. Staff #1 reported she did not have her pager on and stated it "must have fallen off when I was sitting in the front office." Staff #3, CNA, arrived from a doorway into the common area of the dementia unit carrying linens, walked through the area and down a tenant room hallway without responding to the alarm. Staff #3, nor any other staff from the general population area responded to the pager alert.

Staff #1 reported staff in the general population area does not routinely respond to the door opening in the dementia unit and the dementia unit staff does not respond to doors opening in the general population area.

The monitor and Staff #1 found Staff #3 in a tenant's room. Staff #3 reported her pager had not sounded to signal the courtyard door had opened. The pager log did not show a page noting the courtyard door opening. Staff #1, #3 and the monitor returned to the door, opened the door again and Staff #3's pager sounded, showing the courtyard door had been opened.

The program's alarm system showed the courtyard door had been opened at 10:01:58, reset at 10:02:01, opened again at 10:06:10 and reset at 10:06:14. Staff #2 reported the alarm automatically resets when the door closes, thereby reactivating the alarm. Staff has to push a button on the pager to stop the alarm from sounding. The monitor noted two pagers sitting on the counter in the front office. Both pagers were shut off. Administration reported the night shift staff turn the pagers off and place on the counter upon leaving the building in order to save the battery in the pagers. Staff #2 reports pagers will not record any alarms if shut off when alarm sounds.

On 2-1-11 at approximately 10:30 am, the monitor returned to the dementia unit. The door again appeared to be locked. The monitor turned the door handle and the door opened. At this time, the monitor noted the door locked from the outside however still opened from the inside. Staff #3 and Staff #4 responded to the alarm at 10:30 am.

On 2-1-11 at 11:30 am, Staff #4, a CNA working in the general population area, reported her pager went off "at least a couple of times this morning" indicating the dementia unit courtyard door had been opened; however, she had already cleared the pager log. Staff #4 reported she did not respond to the pages because Staff #3 was working back there and carried a pager. Staff #4 reported, she responded to the pager at 10:30 am "because I heard three pages in a short period of time and just felt I should check." Staff #4 reported responding to the dementia unit alarm pages was not her usual practice.

On 2-1-11 at 11:45 am, Staff #2, a maintenance worker, indicated he has worked for the program for approximately five and a half years and had reported concerns to the corporate office many times. He reported he believed an audible alarm system on the

dementia unit courtyard door, the patio door and the sitting room door would provide more safety for the tenants.

The program failed to ensure the alarm system was effective when staff failed to respond to pager alerts.

- Regulatory Insufficiency: The buildings and grounds shall be well maintained, clean, safe and sanitary. (IAC r. 481-69.35(1)b.)

D. Record Checks

- Monitoring Observation: Staff #6, a certified nurse aide, had a hire date of 11-27-10 and continued to work at the program providing direct patient care. Staff #6's personnel record contained a background check with a child abuse history. The program failed to contact the Department of Human Services (DHS) for an evaluation as instructed on the original background history check to determine if the program could hire the aide.

- 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 4th day of March 2011.