IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 28, 2011

Incident Intake #: 32425-I

Beth Fleming, Director
Bickford Cottage Assisted Living
3301 Sterling Drive
Burlington, IA 52601

RE: Final Incident Investigation & Recertification Monitoring Evaluation Report – Bickford Cottage Assisted Living, Burlington, IA

Dear Ms. Fleming:

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.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary Incident Investigation & Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC. The Final report is enclosed.

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 **S0011** 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 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program 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 #: 32425-I**

Beth Fleming, Director
Bickford Cottage Assisted Living
3301 Sterling Drive
Burlington, IA 52601

Date of Incident Investigation/Monitoring Visit:

February 14, 2011

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 Assisted Living on February 14, 2011. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	38
Current number of tenants with cognitive disorder:	2
Total Population of GPP:	40

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

Total Population of DSP:	6
Total Census of ALP:	46

***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 12 tenants was held. The program had a nice environment and the apartments were cleaned one time per week. Maintenance issues were repaired promptly, according to the tenants. The kitchen floor and laundry room floor needed to be cleaned. Nursing services were available and the tenants said the nurse was a "gem." They reported she had received the nurse of the year award from the corporation. There were no issues with nurse availability and they reported the nurse was great. Staff responded in less than 10 minutes when called; however, overnight the response from staff was longer. One tenant accidently activated the pendant and staff responded immediately. They reported there were tenants that required a higher level of care compared to previous times. The staff had a team work attitude and they said the staff were great. The staff made it such a great place to live, according to the tenants. The staff were personable, excellent and well trained. The tenants reported the staff went above and beyond to assist the tenants. The tenants received the cares requested and they received what was promised at admission. The tenants enjoyed the food served. Staff served them appropriately and they received plenty of food. Special diets were accommodated, the desserts were great and they enjoyed the holiday dinners. They reported the dietary staff did a great job. They enjoyed the salad bar and stated the temperature of the food was appropriate. The tenants did not have any complaints or concerns with the food. There were enough activities and they received an activity calendar. They liked Bingo, picnics, music and outings. They requested more outings in the van. The tenants felt safe and they made their own decisions. The tenants were satisfied with the program and would recommend it to others. According to the tenants, the Director was a "jewel" and she chipped in whenever needed. There was good communication with administrative staff and the Director listened to any concerns and resolved the issues.

Program History – There were no regulatory insufficiencies during this certification period.

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

A. Service Plan

- Monitoring Observation: Four tenant files were reviewed.

  Tenant #1, a 93 year old, was admitted on 3-13-07 with diagnoses of: Alzheimer's Disease, Anxiety and Left Femoral Neck Fracture. The tenant was staged at a five to six on the Global Deterioration Scale (GDS), which indicated moderately severe to severe cognitive decline. The tenant resided in the dementia unit. The tenant died on 2-9-11. According to Progress Notes dated 2-8-11, the tenant was not eating, drank only small sips of liquid and was in the fetal position more than 50 % of the time. The notes indicated staff repositioned frequently. According to the Hospice Nursing Visit dated 2-8-11, the tenant was comfortable, oral cares were provided, Nothing Per Orem (NPO), the tenant was incontinent of urine and received total cares. The nurse stated the tenant spent the last three to five days in bed. The tenant did not have any input, just sips of water. The tenant's protective undergarments were changed and there was not much output. The tenant's service plan was not updated as needed and did not reflect the identified needs of the tenant.

  Tenant #2, an 89 year old, was admitted on 3-7-08 and with diagnoses of: Cerebral Vascular Accident (CVA) and Compression Fracture. The tenant was staged at a four on the GDS, which indicated moderate cognitive impairment. The tenant had a waiver of administrative rule related to being a routine two person assist with transfers. Staff #1 and #3 stated staff used a Hoyer lift to transfer the tenant. The nurse stated they tried to insist on using the Hoyer lift every time for transfers. The tenant's service plan did not reflect the use of the Hoyer lift. The tenant's service plan did not reflect the identified needs of the tenant.

- Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. (IAC r. 481-69.26(3))

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))

B. Other

Incident Allegation: The program reported a tenant was found on the floor and complained of pain in the left hip area. The tenant ambulated without assistive devices. The tenant was taken by ambulance to a local hospital.

- Monitoring Observation: Tenant #1's file was reviewed.

  According to an Incident Report dated 1-1-11, staff assisted the tenant to his/her apartment after the tenant complained of not feeling well. Staff resumed an activity in the dining room. Staff heard yelling and found the tenant on the floor. Staff did not attempt to move the tenant due to tenant complaint of left hip pain. Ambulance

and family were called, according to the report. The tenant was transported to a local hospital and had surgery on 1-1-11.

The nurse stated staff called her immediately and reported the tenant had fallen. Staff did not move the tenant and they called the nurse, family and 911. She said staff heard the tenant and found the tenant on the floor. The nurse stated the tenant had another fall; however, it had not been in the past three months. She said the tenant did not have a significant injury with that fall. The nurse said the tenant's apartment was near the eating area. The tenant walked independently without an assistive device at the time of the fall. She stated staff notified her appropriately of the fall.

Incident reports were reviewed for the past three months. The only fall documented for the tenant in the past three months occurred on 1-1-11.

The tenant returned to the program on 1-18-11 and evaluations were completed appropriately. The tenant was admitted to Hospice on 1-25-11 and evaluations were completed appropriately.

Staff #1, #2 and #3 stated there were sufficient staff to meet the needs of the tenants.

An incident report was completed related to the incident and the program notified the department appropriately.

- Regulatory Insufficiency: None noted.

Dated this 25th day of March, 2011.