IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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RODNEY A. ROBERTS, DIRECTOR

Incident Intake #: 33566-I

April 15, 2011

Ms. Mary Keen, Director
Bickford Cottage
101 New Castle Road
Marshalltown, IA 50158

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

Dear Ms. Keen:

Enclosed is the **Final Incident Investigation Report** from the on-site monitoring visit of April 14, 2011, 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 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Incident Intake #:** 33566-I

Mary Keen, Director
Bickford Cottage
101 New Castle Rd.
Marshalltown, Iowa 50158

Date of Incident Investigation:

April 14, 2011

Monitor(s):

Maribeth Freland RN and 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 of Marshalltown on 4-14-11. 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) :	11
Current number of tenants without cognitive disorder:	25
Total Population:	36

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

Program History – There were substantiated Regulatory Insufficiencies found in the areas of: Food Service, Record Checks during this certification period.

The recertification onsite visit of April 7, 2010 resulted in a fine of $500. There were Regulatory Insufficiencies in the areas of Food Service and Record checks.

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

Staffing

Incident Allegation: The program reported staff found a tenant on the floor in his/her room. The tenant was taken to the emergency room where he/she received an x-ray diagnosis of a hairline fracture of the pelvis. The program reported the tenant was non-ambulatory prior to the fall and received hospice services. The program reported the tenant experienced a previous fall in June 2010 resulting in a fractured hip and a fall in July 2010 resulting in a fractured shoulder.

- Monitoring Observation: The monitor reviewed the clinical records of three tenants who experienced recent falls and who received hospice services.

  Tenant #1, a 91 year old, was admitted on 10-12-01 with diagnoses of: Osteoarthritis, Depression and Multi-Infarct Dementia secondary to a history of Cerebrovascular Disease resulting in multiple strokes. The tenant was scored at a 6 on the Global Deterioration Scale (GDS) which indicated a severe cognitive decline. The tenant experienced aphasia secondary to a stroke and currently received hospice services.

  According to the service plan, dated 2-10-11, Tenant #1 required staff assistance with eating, bathing, dressing, grooming, toileting and transferring from bed into wheelchair. The tenant was independent in propelling self with the wheelchair. The tenant was non-ambulatory at this time. The service plan indicated the tenant used a pad alarm placed whenever in bed to alert staff to the tenant's rising should the tenant forget to call for help with transfers due to his/her cognitive issues. When the alarm was activated, a message was sent to pagers carried by all direct care staff.

  Documentation indicated staff was alerted of the tenant's rising on 3-31-11 by the paging of the bed pad alarm activation. Staff found the tenant on the floor next to the bed. The tenant indicated discomfort to the groin area however did not appear to be in great discomfort. Staff assisted the tenant up into his/her wheelchair following assessment by the registered nurse. The tenant was self propelling his/her wheelchair following the incident and continued to express no overt symptoms of pain throughout the rest of the day and evening. Family and the tenant's physician were notified timely of the incident.

  During the morning of 4-1-11, the tenant experienced an unresponsive episode while toileting due to increased pain level during defecation, requiring staff to transfer the tenant to the emergency room. Family and the tenant's physician were immediately notified of the episode and the transfer to the emergency room. During the emergency room visit, x-ray revealed a hairline fracture of the pelvis. The tenant returned to the program the same day with physician orders to maintain non-weight bearing for two weeks and an order for Vicodin for pain control.

  According to interview with Staff #1, certified medication aide, and Staff #2, the program's registered nurse, the tenant's bed pad alarm had been in place and functioning appropriately prior to the fall on 3-31-11. The alarm alerted staff to the tenant's rising and staff immediately responded to the warning however did not reach the tenant prior to the tenant falling onto the floor. Staff reported the tenant's cognitive level did not allow for his/her use of the program's emergency pendant system however indicated the tenant often times would raise his/her hips to activate

the alarm to call for staff. The tenant could not verbally call out for assistance due to his/her aphasia. The tenant did not wait for staff on 3-31-11 to arrive and attempted to self transfer into his/her wheelchair.

The monitor found no program culpability. The service plan accurately reflected the tenant's needs following the previous falls in June and July of 2010 by initiation of the use of a bed pad alarm. Staff routinely applied a bed pad alarm when the tenant lay on the bed. The tenant had not experienced a fall for nearly eight months. The alarm was in place and functioning prior to the tenant's fall on 3-31-11. The tenant experienced difficulty remembering to wait for assistance due to cognitive decline and could not call out for assistance due to the tenant's aphasia. Staff responded appropriately to the alarm and followed up appropriately following the tenant's injury.

The monitor reviewed the clinical records of two additional tenants who had experienced falls without injury, requiring the placement of a bed pad alarm, finding no concerns with program culpability.

- Regulatory Insufficiency: None noted.

Dated this 15th day of April 2011.