IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 11, 2011

Heidi Fristo, Administrator
Bickford Cottage
5050 Hawthorne Drive
West Des Moines, IA 50265

RE: Final Recertification Monitoring Evaluation Report – Bickford Cottage, West Des Moines, IA

Dear Ms. Fristo:

Enclosed is the **Final 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 Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, 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 **S0043** with effective dates of **April 30, 2011** through **April 29, 2013**.

If you have any questions in regard to this certification, 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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Heidi Fristo, Administrator
Bickford Cottage
5050 Hawthorne Drive
West Des Moines, IA 50265

Date of Monitoring Visit:

April 19, 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 a Recertification Monitoring Evaluation 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 monitoring evaluation was conducted at Bickford Cottage on April 19, 2011. In preparing this report, the following information was considered:

Current Program Census:

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:	30

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

Total Population of DSP:	7
Total Population:	45

***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. They reported the program grounds were clean and safe. The tenants indicated staff were attentive and the nurse was available when needed. The tenants voiced a concern that the dining room was left unattended by staff during meals and chair alarms frequently sounded. They were generally 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. Occupancy Agreement

Monitoring Observation: Tenant #1, an 89 year old, was admitted 1-22-11 with diagnoses of Congestive Heart Failure and Diabetes. The tenant scored 28 of 30 on the Mini Mental Status Examination (MMSE) which indicated normal cognitive function. The tenant's occupancy agreement had been signed by the tenant's Durable Power of Attorney (DPOA) and the program administrator. The document was not dated, thereby making it unclear whether the agreement had been signed prior to the tenant's admission to the program.

Tenant #5, an 84 year old, was admitted 2-28-11 with diagnoses of: Altered Mental Status Secondary to Progressive Vascular Dementia, Hallucinations, Hypertension (HTN) and History of Stroke. The tenant scored 24 of 30 on the MMSE, indicating normal cognitive function. The tenant's occupancy agreement had been signed by the tenant's DPOA and the program administrator. The document was not dated, thereby making it unclear whether the agreement had been signed prior to the tenant's admission to the program.

Tenant #6 was admitted 3-4-11. The program indicated the tenant scored 23 of 30 on the MMSE which indicated the tenant with mild cognitive decline. The tenant's occupancy agreement had been signed by the tenant's power of attorney (POA) and the program administrator. The document was not dated, thereby making it unclear whether the agreement had been signed prior to the tenant's admission to the program.

- Regulatory Insufficiency: An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection, is executed between the tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. (IAC r. 231C.5.1)

B. Medications

Monitoring Observation: The service plan for Tenant #1 dated 3-25-11 documented the tenant had delegated medication administration and application of topical creams to the program. During observation of medication administration on 4-19-11 at 9:35 a.m., the monitor observed the following medications unattended on the table top in the tenant's room: one tube of Muscle Rub, one tube of Calmoseptine, one bottle of Hydroxyzine tablets and one box of Zantac tablets.

Tenant #2, a 90 year old, was admitted 7-31-10 with diagnoses of: Lewy Body Disease, Hypotension, Degenerative Joint Disease, Hypothyroidism, and Hyperlipidemia.The GDS scored the tenant at 6 which indicated severe cognitive decline. The service plan directed staff to administer medications. The physician's order sheet documented an order for Atropine drops as needed. The program did not have any of the Atropine for administration for the tenant. During observation, the monitor observed the tenant's medications located in an unlocked cupboard in the tenant's room.

Tenant #3, a 76 year old residing in the program's memory care unit, was admitted on 8-6-09 with diagnoses of Dementia and Chronic Urinary Tract Infections. According to

registered in Iowa or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6) a.))

- Regulatory Insufficiency: When medications are administered traditionally by the program: Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. (IAC r. 481-69.5(6) b.))

C. Food Service

- Monitoring Observation: Monitoring Observation: Staff #4, a certified nursing assistant (CNA), had a hire date of 2-16-11 and assisted with serving food to tenants. Staff #4's personnel file lacked documentation of completion of food safety and sanitation orientation or training.

  Staff #5, a CNA, had a hire date of 1-20-07 and assisted with serving food to tenants. Staff #5's personnel file lacked documentation of completion of food safety and sanitation orientation or training since 1-21-09.

  Staff #6, a certified medication assistant (CMA), had a hire date of 6-19-08 and assisted with serving food to tenants. Staff #6's personnel file lacked documentation of completion of food safety and sanitation orientation or training since 10-27-09.

  The administrator reported the new kitchen manager had recently become certified to provide the sanitation orientation and training to other program staff; however, he had not yet received his certificate therefore had not yet trained any current staff.

- 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))

D. Staffing

- Monitoring Observation: Staff #1, #2, #3 and #4 were employed by the program and provided care to tenants. The personnel files contained a form titled Staff Skills Competency List, on which the RN documented the delegation of general assigned tasks. This form was signed by the RN however, lacked the date of completion for any of the delegated tasks. During interview on 4-19-11, the RN reported she could not be certain of the date she completed each of the task delegations for Staff #1, #2, #3 and #4. The monitors could not determine if staff had been delegated by the RN to perform each assigned task prior to providing cares for tenants. The RN had a hire date of 10-20-08.

  The RN also reported all CNA's have the potential to have to complete colostomy care for 3 tenants residing in the program. The personnel files of Staff #1, #2, #3 and #4 lacked documentation of RN delegation for the task of colostomy care. The personnel files for Staff #5 and #6 contained RN delegation from the previous

program RN for colostomy care however, lacked any RN delegation from the current RN.

Review of the program's weight records for 2011 indicated weight losses and weight gains requiring reweighing to determine a correct tenant weight for eleven tenants. The records showed discrepancies ranging from 8 to 83 pound differences with seven of the weights exceeding 20 pounds difference between the original weight taken by the staff and the reweight to verify. None of the reweighs were dated. The RN signed all of the monthly weight records indicating knowledge of the discrepancies between the original and reweighs recorded however did not identify a need to retrain staff on correct weighing procedures.

During interview, Staff #4, #5 and #6 stated that they had been advised by the program administration that the staff could not physically feed tenants. The RN and administrator reported the misunderstanding that state regulation directed that tenants living in an assisted living care setting could not be provided total physical staff assistance with the activity of daily living of eating. The staff were not aware that the program is required to provide the services to meet the specific identified needs of the tenants.

- Regulatory Insufficiency: The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. (IAC r. 481-69.29(3))

Dated this 211th day of April 2011.