IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 14, 2011

Incident Intake #: 34706-I

Samantha Goodman, Administrator
Bickford Cottage Assisted Living
2418 Kent Avenue
Ames, IA 50010

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

Dear Ms. Goodman:

Enclosed is the **Final Recertification Monitoring Evaluation & Incident Investigation 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. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and 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 **S0024** with effective dates of **March 5, 2011** through **March 4, 2013**.

If you have any questions regarding 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 & Incident Investigation Report

Assisted Living Program: Incident Intake #: 34706-I

Samantha Goodman, Administrator
Bickford Cottage Assisted Living
2418 Kent Ave.
Ames, IA 50014

Date of Monitoring Visit:

July 6, 2011

Monitor(s):

Hal L. Chase, MPH BSN

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 Assisted Living on July 6, 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):	28
Current number of tenants without cognitive disorder:	7
Total Population:	35

***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 15 tenants in attendance. Tenants reported it was a nice place to live and housekeeping services were provided to their satisfaction. The building and grounds were clean, safe and sanitary. Staff responded promptly, less than ten minutes when they called for assistance and nursing services were available. Program staff treated them as they wanted to be treated. Tenants received the services requested and there were no concerns with staff. The food was good and a variety of meats, vegetables and desserts was offered. Hot foods were served hot, except pancakes and waffles were sometimes served cold. Cold foods were served cold. Tenants did not offer any improvements for the food. There were enough activities offered and the Program prepared weekly and monthly activity calendars. Tenants felt safe, made their own decisions, were satisfied with the services they received and recommended the Program to others.

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

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

A. Service Plan

Incident Allegation: The program reported Tenant #1 (the Tenant) eloped from the program on 6-26-11. Staff #1 reported the Tenant was near the front door of the program. Another tenant was leaving from the front door towards the living room. The Administrator reported the Tenant wore a Wander Guard watch. Staff pagers alarmed immediately when the Tenant stepped outside. The Tenant was seen walking on the sidewalk attached to the front of the building in front of the kitchen. Staff responded and returned the Tenant to the program.

Monitoring Observation: Tenant #1, a 79 year old, was admitted on 8-13-10 and had diagnoses of: Dementia, Hyperlipidemia, Coronary Artery Disease, Paroxysmal Atrial Fibrillation and Sick Sinus Syndrome. A Global Deterioration Scale (GDS) staged the

tenant at four, which indicated moderate cognitive evaluation. An incident report of 6-26-11, revealed staff pagers alarmed, alerting staff the Tenant was by the front door. Staff responded and saw another tenant by the front door and the Tenant had gotten outside. Staff went outside and brought the Tenant back to the program. Staff #1 reported the Tenant's Wander Guard watch alarmed as she was coming down the hall. As she got closer she saw another tenant was "heading from the front door" towards the living room. She looked outside and saw the Tenant walking down the sidewalk by the corner of the kitchen. She stated the Tenant's Wander Guard alarmed and not the door alarm. She didn't see a visitor or anyone open the door.

The Tenant's service plan of 6-18-11 revealed interventions directed staff to watch the Tenant if he/she approaches an exit door or illicit exit seeking behavior. The service plan revealed the tenant wore a Home Free (Wander Guard) watch for his/her safety. Progress notes of 4-28-11 revealed the tenant had no exit seeking behavior since February, 2011.

- Regulatory Insufficiency: None noted.

Dated this 6th day of July, 2011.