IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Incident Intake #: 34839-I
35971-I

October 12, 2011

Cindy Egdorf, Administrator
Bickford Cottage Assisted Living
1536 20th Avenue North
Fort Dodge, IA 50501

RE: Final Complaint/Incident Investigation Report – Bickford Cottage Assisted Living, Fort Dodge, IA

Dear Ms. Egdorf:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of September 26, 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

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IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Cindy Egdorf, Administrator
Bickford Cottage Assisted Living
1536 20th Ave. N
Ft. Dodge, IA 50501

Incident Intake #: 34839-I
35971-I

Date of Complaint/Incident Investigation:

September 26, 2011

Monitor(s):

Hal L. Chase, RN BSN MPH
Joyce Kix, RN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	32
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	36

Program History – The program received a regulatory insufficiency in Criteria for Exclusion of Tenant during this certification period.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Staffing

Incident Allegation #34839-I: The Program reported Tenant #2 (the Tenant) had a history of at least three falls from 5-16-11 through 6-8-11. On 7-3-11, staff responded to the Tenant's chair alarm and found the Tenant on the floor outside the bathroom. The Tenant was evaluated at a local hospital emergency room and was diagnosed with a right hip fracture.

- Monitoring Observation: The Tenant, a 90 year old, was admitted on 12-3-10 and had diagnoses of: Alzheimer's Type Dementia and a Post Status Right Hip Fracture. A cognitive evaluation of 9-14-11 indicated the Tenant was staged at four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline.

  Records indicated the Tenant sustained a fall or was found on the floor by staff on 5-16-11, 5-26-11 and 6-8-11. With each incident the Nurse completed a nurse review. On 6-17-11, the Tenant was staged at two on the GDS, which indicated very mild cognitive impairment. The Tenant's service plan was updated on 6-17-11 to include the use of bed and chair alarms and staff was to assist the Tenant with ambulation and transfer, with the use of a gait belt. An incident report of 7-3-11 indicated an alarm sounded and staff found the Tenant in a sitting position next to the bathroom floor. The Tenant reported he/she had slipped on the bathroom floor. The Tenant was transported by ambulance to a local hospital emergency and was later diagnosed with a right hip fracture.

  The Tenant returned to the Program on 9-1-11. Evaluations were completed and the Tenant's service plan was updated and included interventions related to fall risk, the use of bed and chair alarms and staff assistance with ambulation and transfer. No other incidents falls were indicated.

- Regulatory Insufficiency: None noted.

B. Other

Incident Allegation #35941-I: The Program reported a tenant's family member thought the tenant's narcotic medication had been stolen.

- Monitoring Observation: Tenant #1 (the Tenant), an 84 year old, was admitted 8-3-11 with a diagnosis of Bilateral Below the Knee Amputations. The Tenant scored 30 of 30 on the cognitive examination which indicated no cognitive impairment. According to the service plan, the Tenant was independent with medication administration. All staff members have access to the master keys to tenant's rooms. The program did not count the medication at admission and did not participate in administration. There is no way to determine an accurate count or identify a perpetrator.

- Regulatory Insufficiency: None noted.

Dated this 11th day of October, 2011