IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 17, 2011

Ms. Laura Brock, Director
Bickford Cottage Davenport
4040 E. 55th Street
Davenport, IA 52807

RE: Final Recertification Monitoring Evaluation Report – Bickford Cottage Davenport, Davenport, IA

Dear Ms. Brock:

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 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 **S0054** with effective dates of **October 23, 2011** through **October 22, 2013**.

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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Laura Brock, Director
Bickford Cottage- Davenport
4040 E 55th St.
Davenport, Iowa 52807

Date of Monitoring Visit:

September 21, 2011

Monitor(s):

Maribeth Freland 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:

An on-site monitoring evaluation was conducted at Bickford Cottage- Davenport on 9-21-11. 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 were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	19
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	20

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	6
TOTAL census of Assisted Living Program	26

Tenant/Family Satisfaction Results – A community meeting was held with five tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend the program to others.

Program History – The program had no regulatory insufficiencies this certification period.

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

A. Dementia-Specific Education for Program Personnel

- Monitoring Observation: On 9-21-11, the Director reported all staff has the ability to work in the program's secured memory care unit therefore all staff requires dementia education.

  Staff #1, a certified medication aide (CMA), had a hire date of 8-20-02. Staff #1's personnel file contained documentation indicating she completed eight hours of dementia education on 4-30-10 however had not completed any dementia education in 2011.

Staff #2, a CMA, had a hire date of 4-5-02. Staff #2's personnel file contained documentation indicating she completed eight hours of dementia education on 4-30-10 however had not completed any dementia education in 2011.

Staff #3, a CMA, had a hire date of 4-19-10. Staff #3's personnel file contained documentation indicating she completed dementia education on 7-15-09, prior to employment with the program, however the document lacked the number of hours of training completed. Staff #3 had not completed any dementia education in either 2010 or 2011.

Staff #4, a certified nursing aide (CNA), had a hire date of 4-22-11. Staff #4's personnel file lacked any documentation of dementia education completion.

Staff #5, a CNA, had a hire date of 4-29-11 and resigned on 9-3-11. Staff #5's personnel file lacked any documentation of dementia education completion.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481-69.30(1))

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. (IACr. 481-69.30(3))

Dated this 14th day of October 2011.