IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 29, 2011

Ms. Megan Johnson, Director
Bickford Cottage of Marion
1100 Linden Drive
Marion, IA 52302

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

Dear Ms. Johnson:

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 **S0029** with effective dates of **February 1, 2012** through **January 31, 2014**.

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:

Megan Johnson, Director
Bickford Cottage of Marion
1100 Linden Drive
Marion, IA 52302

Date of Monitoring Visit:

October 18, 2011

Monitor(s):

Stephanie Cummins, MA

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 were provided by the Program at the time of the on-site.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	17
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	22

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	7
TOTAL census of Assisted Living Program	29

Tenant/Family Satisfaction Results – A community meeting with 14 tenants was held. The building and grounds were safe, clean and sanitary. They requested a designated housekeeping staff member instead of having direct care staff clean apartments. The blinds, windows and curtains needed to be cleaned. Nursing services were available and the Nurse did a great job. Staff responded quickly when the tenants called for assistance. The tenants received the services promised when they signed the occupancy agreement. They described staff as wonderful and great. Administrative staff had an open door policy. Staff treated the tenants with respect and they knocked before they came into the apartments. Staff knew what services to provide and was trained to provide those services. They liked the food and said they had a good cook. There was a good variety of foods offered, staff served them appropriately and the hot foods were served hot. The pork at times was tough. There were enough activities offered and they received an activity calendar. The tenants enjoyed music and Bingo and said no improvements were needed with activities. They made their own decisions and were satisfied with the Program. The tenants would recommend the Program to others and enjoyed the friendly people and staff.

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

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

A. Staffing

Monitoring Observation: Five staff files were reviewed.

The Nurse stated all staff assisted with tasks including: Activities of Daily Living (ADLs), oxygen and refilling tanks and anti-embolism hose. Certified Medication Aides (CMAs) assisted with tasks including: administration of medications, supervision of self-injection of insulin, blood glucose checks and G-tube medication administration. Staff #1, a Certified Nurse Aide (CNA) and CMA, was hired on 2-21-11 and did not have nurse delegated training on oxygen and refills, the administration of medications, supervision of self-injection of insulin, blood glucose checks and G-tube medication administration. Staff #2, a CMA, was hired on 8-9-00 and did not have nurse delegated training on supervision of self-injection of insulin, blood glucose checks and G-tube medication administration. Staff #3 was a CNA and was hired on 8-11-11. Staff #3 had nurse delegations for ADLs in progress; however, the delegations were not complete. The delegations that were completed were signed off by the Nurse on 10-16-11.

The Nurse stated she had observed Staff #1 administer medications; however, it was not documented. She had not observed Staff #1 administer medications through the G-tube. The Nurse stated she had observed Staff #2 supervise the self-injection of insulin and blood glucose checks; however, it was not documented. She had not observed Staff #2 administer medications through the G-tube.

A medication pass was observed and appropriate medication administration protocol was observed. According to the Nurse there had not been any outcomes related to the G-tube, blood glucose checks or the supervision of self-injection of insulin.

Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

Dated this 7th day of November, 2011.