IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 27, 2012

Complaint/Incident Intake #: 37921-I

Ms. Nicole Valladolid, Administrator
Bickford Cottage I Sioux City
4020 Indian Hills Drive
Sioux City, IA 51108

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Bickford Cottage I Sioux City, Sioux City, IA

Dear Ms. Valladolid:

Enclosed is the **Final Complaint/Incident Investigation & 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. **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 **S0006** with effective dates of **June 1, 2012** through **May 31, 2014**.

If you have any questions regarding 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 Complaint/Incident Investigation & Recertification Monitoring Evaluation Report

Assisted Living Program: **Complaint/Incident Intake #:** 37921-I

Nicole Valladolid, Administrator
Bickford Cottage Assisted Living Program
4020 Indian Hills Drive
Sioux City, IA 51108

Date of Monitoring Visit:

March 7, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH

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:	13
Number of tenants with cognitive disorder:	9
Total Population of Program at time of on-site	22
TOTAL census of Assisted Living Program	22

Tenant/Family Satisfaction Results – A community meeting was held with 12 tenants in attendance. Tenants reported they liked living at the program and housekeeping services were completed to their satisfaction. Their apartment and the building and grounds were clean, safe and sanitary. Staff responded quickly when called, usually within a few minutes. Staff was kind and respectful and knew what services they needed. Staff was trained to provide personal and health related cares. Tenants liked the food and received choices in meats, vegetables and fruits. There were enough activities offered, but would like more outings. Tenants felt safe and made their own decisions. Tenants would recommend the Program to anyone.

Program History – The program received no regulatory insufficiencies during the recertification period.

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

A. Program Reporting to the Department

Complaint/Incident Allegation: The program reported Tenant #1 had fallen when left alone in the restroom and sustained a fracture to the Scapula.

- Monitoring Observation: Four tenant files were reviewed. Tenant's #2's, #3's and #4's file revealed no issues.

  Tenant #1, a 93 year old, was admitted on 11-26-08 and had diagnoses of: history of Tremors, Confusion and a history of Deep Vein Thrombosis. Tenant #1 was admitted to hospice on 11-15-11 and had admitting diagnoses of: Atrial Fibrillation, Dementia, Coronary Atherosclerosis and Pernicious Anemia. A cognitive evaluation was completed on 3-1-12 and staged the tenant at six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline.

  Functional, cognitive and health evaluations of 11-14-11 indicated Tenant #1 needed staff assistance with activities of daily living (ADLs), including bathing, grooming, dressing, toileting and standby assistance with ambulation. The service plan of the same date indicated similar interventions reflective of the supported evaluations.

An incident report of 2-3-12 indicated Tenant #1 called for staff to assist with toileting. Tenant #1 was in the dining room and the public restroom, adjacent to the dining room was used. Staff assisted Tenant #1 to the toilet and stepped outside to give Tenant #1 privacy. It was reported staff never left the entrance door to the restroom. Staff checked on Tenant #1 and found Tenant #1 on the floor.

The Program's registered nurse (RN) evaluated Tenant #1 and recommended Tenant #1 be taken to a hospital emergency room for evaluation. Tenant #1 returned to the Program the same day. Hospital records indicated Tenant #1 had a fractured scapula. The Program's RN completed an evaluation and noted her findings in the resident service notes. The service plan was updated and included a risk for falls and for staff to use a gait belt for all transfers and an assist with toileting. The service plan was updated again on 2-16-12 and 3-1-12 and indicated staff was not to leave Tenant #1 alone when toileting.

Staff #1 was interviewed and reported on 2-3-12 Tenant #1 was eating breakfast. Tenant #1 told staff he/she needed to use the restroom. Staff took Tenant #1 to the public restroom and stepped outside the restroom, but stayed by the door to listen for Tenant #1 to be finished. Staff opened the door to check on Tenant #1 and found him/her on the floor. Staff #1 reported Tenant #1 was an assist of one staff with ambulation, transfer and toileting. When Staff #1 assisted Tenant #1 to the toilet, Tenant #1 would request privacy.

Staff #2 was interviewed and reported prior to the incident of 2-3-12 Tenant #1 as needing standby assistance with transfer and ambulation. Staff would assist with toileting and would usually give Tenant #1 privacy and would continually check on Tenant #1. Tenant #1 did not have a history of falls prior to the incident and knew how to use the emergency pull cord when he/she was finished.

Tenant #1's family member was interviewed and reported Tenant #1 wanted privacy with toileting. Tenant #1's family member reported she did not have any concerns regarding the care and safety Tenant #1 was receiving.

- Regulatory Insufficiency: None noted.