IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 15, 2012

Complaint/Incident Intake #: 39757-I

Ms. Angie Cozadd, Administrator
Bickford Cottage of Burlington
3301 Sterling Drive
Burlington, IA 52601

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Bickford Cottage of Burlington, Burlington, IA

Dear Ms. Cozadd:

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.

DIA has completed the review of your Plan of Correction (POC) in response to the **Preliminary Complaint/Incident Investigation & 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 **S0011** with effective dates of **October 1, 2012** through **September 30, 2014**.

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 Complaint/Incident Investigation & Recertification Monitoring Evaluation Report

Assisted Living Program:

Angie Cozadd, Administrator
Bickford Cottage of Burlington
3301 Sterling Drive
Burlington, IA 52601

Complaint/Incident Intake #: 39757-I

Date of Monitoring Visit:

July 10, 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.

General Population Program	
Number of tenants without cognitive disorder:	34
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	36

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	3
Total Population of Program at time of on-site	4
TOTAL census of Assisted Living Program	40

Tenant/Family Satisfaction Results – A community meeting was held with 20 tenants in attendance. Tenants reported it was "nice" living at the Program. Housekeeping services were completed to their satisfaction and the building and grounds were clean, safe and sanitary. Nursing services were available when needed and staff was trained to provide the personal and health-related cares tenants needed. Staff responded to their calls for assistance within five minutes of being called. Staff was courteous and respectful and treated them as they wanted to be treated. The food was good, with a variety of meats, fruits and vegetables offered. There were enough activities offered throughout the day. Tenants felt safe, made their own personal and health-care decisions and would recommend the program to anyone.

Program History – There were no regulatory insufficiencies during this recertification period.

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

A. Service Plan

Complaint/Incident Allegation: The Program reported on 7-2-12, Tenant #1 had called for staff assistance to use the restroom. When staff assisted Tenant #1 from the wheelchair to the toilet Tenant #1's legs "began to give out." Staff lowered Tenant #1 to the floor. Staff noted the Tenant #1's leg "was rotated out." An ambulance was called and Tenant #1 was transported to a hospital emergency room to be evaluated. According to the Program, Tenant was admitted for a fractured hip.

Monitoring Observation: Four tenant files were reviewed. Tenant #1, an 84 year old, was admitted on 6-29-12 and had diagnoses of: Recurrent Falls, Hypothyroidism, Hypertension, Depression, Diabetes Mellitus and Legal Blindness.

Functional, cognitive and health evaluations were completed on 6-29-12 and indicated Tenant #1 needed one staff to assist with ambulation and needed staff assistance with activities of daily living (ADLs).
An incident report of 7-2-12 indicated Tenant #1 called for assistance to the bathroom. Tenant #1 told staff his/her hip was hurting since his/her fall at home. Tenant #1 stood by the bedside for "awhile" and couldn't move. Staff offered Tenant #1 a wheel-chair, but Tenant #1 refused. Tenant #1's leg started to give out and staff assisted Tenant #1 to the floor. Additional staff assisted Tenant #1 to a wheelchair. Tenant #1 was transported by ambulance to a hospital emergency room and was admitted for a fractured hip.

Staff #5 and #8 were interviewed and each reported Tenant #1 was a one staff assist with transfer and ambulation.

A service plan of 6-29-12 indicated Tenant #1 needed staff assistance with activities of daily living (ADLs), including staff assist with transfer and ambulation. Tenant #1 used a walker when ambulating. The service plan was supported and reflected evaluations completed on the same date. Tenant #1 was still hospitalized during the time of this investigation and has not returned to the program.

Regulatory Insufficiency: None noted.

B. Dementia-Specific Education for Program Personnel

Monitoring Observation: Seven staff files were reviewed. No issues were found for Staff #1, #2, #3, #4 and #7 related to dementia training within 30-days of employment. Staff # 6 was hired on 3-12-12 and was a universal worker who provided personal and health-related cares to tenants. Eight hours of dementia training was completed on 5-24-12, but was not within 30-days of employment. Staff #5 was hired on 3-22-12, was a universal worker who provided personal and health related cares to tenants. Eight hours of dementia training was completed on 5-18-12, but was not completed within 30-days of employment.

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. 481-30(1))