IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED
Complaint Intake #: 40147-I

September 14, 2012

Ms. Mary Keen, Director
Bickford Cottage of Urbandale
5915 Sutton Place
Urbandale, IA 50322

RE: I. Final Complaint/Incident Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Keen:

I. Final Complaint/Incident Investigation Report – Bickford Cottage of Urbandale, Urbandale, IA

Enclosed is the **Final Complaint/Incident Investigation 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. The Report notes Regulatory Insufficiencies in the area(s) of: Policies and Procedures and Structural.

Bickford Cottage Urbandale is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14(1)(a) and 481 IAC 67.12(3)(a)(1). The Program failed to comply with regulatory requirements. The non-compliance resulted in imminent danger or a substantial probability of resultant death or physical harm to a tenant. Unlocked chemicals were accessible to 31 tenants in a dementia specific unit.

II. Civil Penalty

If, within 30 days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481—67.12(3)d. If you do not wish to

request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the State of Iowa in the amount of three hundred twenty five dollars ($325) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481--67.13 within thirty (30) days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to Iowa Code chapter 17A and IAC chapter 481—10. If the Program appeals the DIA decision, the civil penalty will be suspended pending the appeal process. If the Program does not appeal, the civil penalty is due within 30 days of notice.

IV. Conclusion

The Program is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The Plan of Correction (POC) submitted on September 10, 2012, has been reviewed and will constitute the final POC related to the on-site visit of August 20, 2012.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so within 30 days of this letter.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint/Incident Intake #:** 40147-I

Mary Keen, Director
Bickford Cottage Assisted Living
5915 Sutton Place
Urbandale, IA 50322

Date of Complaint/Incident Investigation:

August 20, 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 below were provided by the Program at the time of the on-site visit.

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	12
Number of tenants with cognitive disorder:	19
Total Population of Program at time of on-site	31
TOTAL census of Assisted Living Program	31

Program History – The program received regulatory insufficiencies in the areas of: Medications, Service Plan and Dementia Specific Education during the Recertification, Complaint (39691-C) and Incident (39501-I) Investigation of July 10 and 11, 2012.

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

A. Policies and Procedures

During the course of the investigation, the following information was obtained:

Monitoring Observation: Three tenant files were reviewed. Tenant #1, an 83 year old, was admitted on 5-24-12 and had diagnoses of: Dementia, Hypertension, Hyperlipidemia and a History of Urinary Tract Infections. A cognitive evaluation was completed on 8-13-12 and staged Tenant #1 at six on the Global Deterioration Scale, which indicated severe cognitive decline. Tenant #1 resided in the dementia unit. Nurse's notes of 6-5-12 indicated Tenant #1 tried to get out of the unit by breaking through a kitchen window. Staff redirected Tenant #1 back to his/her room. The Director and Program Nurse were asked if an incident report had been completed and each reported an incident report was not found.

- Regulatory Insufficiency: The program's policies and procedures on incident reports, at a minimum, shall include: (e.) all accidents or unusual occurrences within the program's buildings or on the premises that affect tenants shall be reported as incidents. (IAC r.481-67.2(1)(e))

B. Program Reporting to the Department

Complaint/Incident Allegation: On 7-23-12 the Program reported Tenant #1 eloped from the building at approximately 6:50 p.m. on 7-20-12. Tenant #1 had pushed the emergency bar on an exit door for 15 seconds, which allowed the door to open. The door alarm sounded and staff found Tenant #1 outside, within three-to-four feet of the exit door. Staff redirected Tenant #1 back inside the dementia unit.

- Monitoring Observation: Three tenant files were reviewed. A review of Tenant #2's and Tenant #3's file indicated no issues.

A review of Tenant #1's file indicated initial and updated service plans of 5-23-12 and 6-21-12 included interventions related to Tenant #1's wandering and exit seeking. An incident report of 7-20-12 indicated Staff #1 had returned to the unit at approximately 6:50 p.m. and heard the door alarm. Staff #1 found Tenant #1 outside on the sidewalk within two feet of the door Tenant #1 had exited. A weather report for 7-20-12 indicated the mean temperature was 88 degrees Fahrenheit, 11 mile per hour average wind with 72 percent relative humidity. Sunset was at 8:07 p.m. Hourly safety checks were completed hourly for a twenty-four hour period. No other incidents of wandering or exit seeking behavior was noted.

- Regulatory Insufficiency: None noted.

C. Staffing

During the course of the investigation, the following information was obtained:

- Monitoring Observation: An incident report of 7-20-12 indicated Tenant #1 exited the dementia unit at approximately 6:50 p.m. Staff #1 had left the unit earlier, returned and heard an exit door alarm. Staff #1 found Tenant #1 on the sidewalk, within two feet from the door Tenant #1 had exited. Staff redirected Tenant #1 back to the Program. Program schedule for 7-20-12 indicated two staff were assigned to the dementia unit for each of three shifts. The Director and Program nurse reported when one of the two staff assigned to the dementia went on break, no additional staff was sent back to the dementia unit. A review of Tenants residing in the dementia unit revealed three tenants, including Tenant #1 wandered throughout the Program.

  While a deviation from the requirements of the rules was found, it did not meet the standard set forth in rule 67.9 for determining that a regulatory insufficiency exists.

- Regulatory Insufficiency: None noted.

D. Structural

During the course of the investigation, the following information was obtained:

- Monitoring Observation: A monitor toured the dementia unit to determine where Tenant #1 exited the Program. Physical inspection of the kitchen area revealed a bottle of a multi-purpose cleaner spray bottle and a bottle of liquid dish soap had been placed in the cabinet below the kitchen sink. The cabinet was not locked and accessible to tenants. The Program did not ensure tenants with dementia were living in a clean, safe and sanitary environment.

- Regulatory Insufficiency: The buildings and grounds shall be well-maintained, clean, safe and sanitary. (IAC r. 481-69.35(1)(a))