IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

November 14, 2012

Ms. Emily Elmendorf, Director
Bickford Cottage of Iowa City
3500 Lower West Branch Road
Iowa City, IA 52245

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

Dear Ms. Elmendorf:

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. **No Regulatory Insufficiencies were found during this evaluation.**

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 **S0023** with effective dates of **December 1, 2012** through **November 30, 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:

Emily Elmendorf, Director
Bickford Cottage of Iowa City
3500 Lower West Branch Rd.
Iowa City, Iowa 52245

Date of Monitoring Visit:

October 22, 2012

Monitor(s):

Maribeth Freland, RN
Joyce Kix, 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: *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:	27
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	34
TOTAL census of Assisted Living Program	34

Tenant/Family Satisfaction Results – A community meeting was held with 13 tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and usual timely response to calls made using emergency pendants, noting isolated response times exceeding 15 minutes. 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 it to others.

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

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

A. Staffing

Monitoring Observation: The program identified Staff #4, registered nurse (RN) as the delegating nurse. Staff #4, RN, had a hire date of 5-11-11 and currently worked for the program. As the new delegating RN, Staff #4 was required by regulation to train all current and new employees in tasks required in providing tenant care, observe a return demonstration of each task by each employee to determine competence and delegate each individual task once competency was determined prior to allowing independent care provision.

Staff #1, certified medication assistant (CMA), had a hire date of 12-10-10 and currently worked for the program. Staff #1 performed personal care tasks and medication administration for program tenants. Staff #1's personnel file included documentation of RN delegation by Staff #4 for personal care tasks, such as dressing, nail care, skin care, application of compression stockings and bathing, completed on 10-6-11. The personnel file included documentation of RN delegation by Staff #4 for monitoring temperature, pulse rate and blood pressures, catheter care, end of life training, falls with head injury, oxygen administration, assisting tenants with ambulation and medication administration completed on 10-20-12.

Staff #2, a certified nursing assistant (CNA), had a hire date of 9-5-12 and currently worked for the program. Staff #2 performed personal care tasks for program tenants.

Staff #2's personnel file included documentation of RN delegation by Staff #4 for personal care tasks, such as dressing, nail care, skin care, bathing, application of compression stockings, catheter care, monitoring temperature, pulse rate and blood pressures, end of life training, falls with head injury, oxygen administration, assisting tenants with ambulation and medication administration completed on 10-19-12.

During interview, Staff #4, RN, reported she performs all employee delegation during the first week of employment. She reported reviewing personnel files in preparation for the monitoring visit and noted having no documentation of the above described delegations completed for Staff #1 on 10-20-12 and for Staff #2 on 10-19-12. The RN had Staff #1 and Staff #2 sign the delegation forms after identification of the missing documentation.

Staff #1 provided independent care of program tenants and administered medications to program tenants for approximately 17 months without Staff #4 documenting determination of competency with the tasks and delegation of each task as an extension of nursing care. Staff #2 provided care of program tenants for approximately one month without Staff #4 documenting determination of competency with the tasks and delegation of each task as an extension of nursing care. While a deviation from the requirements of the rules was found, it did not meet the standard set forth in in rule 67.10(3) for determining that a regulatory insufficiency exists.

Regulatory Insufficiency: None noted.

B. Dementia-Specific Education for Program Personnel

Monitoring Observation: The program is a dementia specific program by definition and is required by regulation to have all employees receive eight hours of dementia education within 30 days of hire.

Staff #1, CMA, had a hire date of 12-10-10 and currently worked for the program. Staff #1's personnel file included documentation of her completion of 10 hours of dementia training, completed on 12-9-11. Staff #3's personnel file lacked documentation of dementia training completion prior to 12-9-11.

Staff #3, assistant cook, had a hire date of 9-8-11 and currently worked for the program. Staff #3's personnel file included documentation of her completion of 10 hours of dementia training, completed on 10-5-12. Staff #3's personnel file lacked documentation of dementia training completion prior to 10-5-12.

While a deviation from the requirements of the rules was found, it did not meet the standard set forth in in rule 67.10(3) for determining that a regulatory insufficiency exists.

Regulatory Insufficiency: None noted.