IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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October 22, 2013

Ms. Laura Brock, Director
Bickford Cottage of Davenport
4040 E. 55th Street
Davenport, IA 52807

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

Dear Ms. Brock:

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 Insufficiencies, 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 **S0054** with effective dates of **October 23, 2013** through **October 22, 2015**.

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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Laura Brock, Director
Bickford Cottage of Davenport
4040 E. 55th St.
Davenport, Iowa 52807

Date of Monitoring Visit:

September 23, 2013

Monitor(s):

Maribeth Freland 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:	5
Total Population of Program at time of on-site	32
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	6
Total Population of Program at time of on-site	7
TOTAL census of Assisted Living Program	39

Tenant/Family Satisfaction Results – A community meeting was held with four tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. 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 – During the recertification monitoring visit, conducted 9-23-13, the program received regulatory insufficiencies related to completion of dependent adult abuse and child abuse history checks, food safety and sanitation training, food service sanitation issues, structural safety and life safety code requirements to have all doors exiting from a dementia unit alarmed operationally at all times.

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

A. Food Service

Monitoring Observation: Upon review of staff member personnel files, the monitor identified the following:

Staff #2, housekeeper, had a hire date of 10-18-11 and currently worked for the program. Staff #2's personnel file contained documentation of nurse delegation, dated 2-18-13, approving Staff #2 to assist Tenant #5, a tenant with cerebral palsy, with eating his/her breakfast and lunch meals. Staff #2's personnel file included documentation of food safety and sanitation training on 10-28-11 after hire. The file lacked documentation of food safety and sanitation training in 2012 and 2013 prior to the program nurse delegating her to feed Tenant #5.

Staff #2 received training related to food safety and sanitation training on 5-10-13, almost three months after having begun feeding Tenant #5 breakfasts and lunches.

During interview, the program Director reported Staff #2 did not receive the food safety and sanitation training prior to the nurse delegating her to feed Tenant #5 because the previous kitchen manager's Serve Safe Certification expired in February 2013 and she left employment with the program about the same time. Staff #6, kitchen manager, was hired on 3-20-13 but did not get his Serve Safe Certification until late April 2013. Staff #6 held an in-service related to food safety and sanitation training on 5-10-13 after becoming certified to teach the course. The program did have a registered dietician employed between February 2013 and May 2013; however, the dietician did not complete any training during this time period either. The Director reported Staff #2 did feed Tenant #5 prior to her completion of the food safety and sanitation orientation.

Staff #2 had not had annual training related to food safety and sanitation training since hire in 2011. The nurse delegated Staff #5 to serve and feed Tenant #5 on 2-18-13 without Staff #2 being reoriented to appropriate food safety and sanitation training practices.

Staff #3, certified nurse aide (CNA), had a hire date of 5-30-12 and currently served and occasionally cooked meals for program tenants. Staff #3's personnel file contained documentation of food safety and sanitation orientation/training on 5-10-13, one year after Staff #3's hire. The personnel file lacked documentation of any other food safety and sanitation training.

During interview, the program Director reported she was unsure if Staff #3 had participated in an orientation to food safety and sanitation prior to serving and preparing meals for program tenants.

Staff #4, CNA, had a hire date of 3-18-13 and currently served meals to program tenants. Staff #4's personnel file contained documentation of food safety and sanitation orientation/training on 8-28-13, five months after Staff #4's hire. The personnel file lacked documentation of any other food safety and sanitation training.

During interview, the program Director reported Staff #4 did not receive the food safety and sanitation training prior to serving tenant meals because the previous kitchen manager's Serve Safe Certification expired in February 2013 and she, left employment with the program about the same time. Staff #6, kitchen manager, was hired on 3-20-13 but did not get his Serve Safe Certification until late April 2013. Staff #6 held an in-service related to food safety and sanitation training on 5-10-13 after becoming certified to teach the course; however, Staff #4 was unable to attend the in-service. Staff #4 later completed the food safety and sanitation training in August 2013. The Director reported Staff #4 did serve tenant meals between date of hire and completion of the food safety and sanitation orientation.

Staff #5, CNA, had a hire date of 3-11-13 and currently served meals to program tenants. Staff #5's personnel file contained documentation of food safety and sanitation orientation/training on 8-30-13, five months after Staff #5's hire. The personnel file lacked documentation of any other food safety and sanitation training.

During interview, the program Director reported Staff #5 did not receive the food safety and sanitation training prior to serving tenant meals because the previous kitchen manager's Serve Safe Certification expired in February 2013 and left employment with the program about the same time. Staff #6, kitchen manager, was hired on 3-20-13 but did not get his Serve Safe Certification until late April 2013. Staff #6 held an in-service related to food safety and sanitation training on 5-10-13 after becoming certified to teach the course; however, Staff #5 was unable to attend the in-service. Staff #5 later completed the food safety and sanitation training in August 2013. The Director reported Staff #5 did serve tenant meals between date of hire and completion of the food safety and sanitation orientation.

During tour of the program's secured memory care unit, the monitor noted plates, bowls, silverware and glasses sitting in a dish drainer located in the right side of the kitchen sink and sitting on a towel located on top of the kitchen counter.

During interview, Staff #3, CMA, reported she had cooked and served the breakfast meal to tenants residing in the program's secured dementia unit earlier in the day. Staff #3 indicated eggs, bacon and pancakes were cooked to order daily for tenants residing in the secured dementia unit. Lunch and supper meals were prepared and cooked in the program's main kitchen, located in the general population area of the building, and brought to the dementia unit in large pans. Staff #3 reported the plates, bowls, silverware and glassware were washed in the dementia unit following all three meals. The equipment used to cook the breakfast and the pans sent from the main kitchen were sent back to the main kitchen to be washed. (The monitor observed the dementia unit kitchen had a non-commercial dishwasher and a two compartment sink.) Staff #3 reported the non-commercial dishwasher was usually not used as it was "faster to wash the dishes by hand". Staff #3 reported the dishes were washed with dish soap, rinsed and allowed to air dry for a short time in the dish drainer and on a dish towel. After a short drying period, staff members would finish drying the dishes with a dish towel and replace the dishes into cupboards located in the dementia unit kitchen.

The program's main kitchen located in the general population area of the building was currently licensed according to Iowa Code Chapter 137 F and had a commercial dishwasher for ware washing as required by Chapter 137 F. The kitchen in the secured dementia unit did not have a commercial dishwasher or a three compartment sink, which allows for soaking dishes in a chemical mixture after washing and rinsing sanitizing the dishes prior to reuse, as required by 137 F.

Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28 (5))

Regulatory Insufficiency: Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code Chapter 137F. (IAC r. 481-69.28(6))

B. Life Safety

Monitoring Observation: The program had a 10 apartment unit dedicated to dementia specific care. The program's memory care unit doors were secured with an alarm system to prevent unauthorized exit from the unit. Two exit doors leading to the outside, one exit door leading to an enclosed gated courtyard and one exit door leading into the general population area of the building had alarms connected to the program's pager system. The two outside exit doors and the exit door leading to the general population area of the building had had a code pad that staff members were required to input a numerical code to temporarily disengage the alarm system to allow authorized exit from the unit. Each door was equipped with a 15 second egress bar, which, when pushed continuously, would activate the alarm to the pager system, sound audibly and then release after 15 seconds to allow exit from the unit in an emergent situation. If any of these three doors in the memory care unit were opened either without input of the numerical code or by pushing on the door until the 15 second egress released the door, the alarm system would send a message to pagers carried by staff members alerting them to the unauthorized exit and the system identified which door alarmed.

The exit door leading to the enclosed gated courtyard had separate alarm system attached to the top of the door. When the door was opened, the alarm system did not sound audibly but was designed to send a message to pagers carried by staff members alerting them to the unauthorized exit and the system identified which door alarmed. This exit door was set to automatically lock when closed, disallowing unauthorized entrance into or exit from the building. The lock required a key to unlock the door from both the inside and the outside. All staff members carried a key to courtyard exit door lock. (A keyed lock on the door is not an approved egress lock according to life safety code. The door did not have an egress bar attached to the door which would allow exit by anyone after 15 seconds in an emergent situation that would require evacuation of the building and grounds.) The courtyard was surrounded by a fence. The fence had a gate that exited to the program's unsecured parking lot area.

During the on-site visit at 1:30 p.m., the monitor noted the dedicated dementia unit door leading to the enclosed gated courtyard was propped open. The monitor noted Tenant #1, a cognitively impaired tenant with a Global Deterioration Score (GDS) of 5, which indicated moderately severe cognitive decline, was sitting in the courtyard unsupervised by program staff members. Staff #3 and #5, both direct care workers, were noted to be in separate areas of the dementia unit assisting or visiting with other tenants. The monitor summoned both staff members to the doorway which had been propped open. Both staff members verified the pagers carried by each were not alarming that the door was open.

Staff #3 reported the exit door going to the enclosed gated courtyard was propped open on nice days to allow tenants to go freely out to the courtyard area without staff members having to open the door and to allow tenants to come back inside the dementia unit without having to have the door unlocked by staff members with the key. The monitor closed the door, allowed the door alarm system time to reset, then had Staff #5 open the door with her key. After opening the door, both Staff #3 and #5 checked their pagers, noting the system did not send a message to either pager indicating the door had been opened.

The monitor went to the gate located at the back end of the enclosed area. The monitor noted the gate had a combination padlock threaded through holes in the gate and part of the fence; however, the padlock was not engaged, allowing the monitor to remove the padlock from the gate and open the gate freely.

Both Staff #3 and #5 reported they were not even aware there was a gate in the fence surrounding the courtyard. Both reported staff members did not routinely check the padlock on the fence to assure the padlock was engaged to prevent unauthorized exit from the courtyard. Both Staff #3 and #5 did not know the combination to the padlock; therefore, both would have been unable to unlock the padlock to allow exit from the courtyard during an emergency situation.

During interview, the program Director reported the alarm system located on the secured dementia unit gated courtyard door was temporarily disengaged daily from 7:00 a.m. to 5:00 p.m. during nice weather to allow tenants to use the gated courtyard. The Director reported from 5:00 p.m. to 7:00 a.m., the courtyard exit door was alarmed and to be shut and locked at all times. When the door was opened with or without the key, a message was sent to pagers carried by all staff members alerting staff members that the courtyard door had been opened. The Director reported the enclosed courtyard gate was to be locked at all times using the combination padlock. (A combination lock is not an approved lock according to life safety code. The lock on the gate must be a keyed lock and all staff members must carry a key to the lock at all times.) The Director reported the program's lawn company had used the gate on 9-20-13 when doing lawn work in the courtyard. The Director believed the padlock had been left disengaged at that time. The lock remained disengaged at approximately 1:30 p.m. on 9-23-13.

The program Director reported the alarm system located on the secured dementia unit gated courtyard door was temporarily disengaged daily from 7:00 a.m. to 5:00 p.m. during nice weather to allow tenants to use the gated courtyard. The Director reported from 5:00 p.m. to 7:00 a.m., the courtyard exit door was alarmed and to be shut and locked at all times. When the door was opened with or without the key, a message was sent to pagers carried by all staff members alerting staff members that the courtyard door had been opened.

The program had been disengaging the alarm system which was attached to the exit door leading from the secured dedicated dementia unit to the gated outside courtyard area from 7:00 a.m. to 5:00 p.m. Staff members had been propping the door open, allowing cognitively impaired tenants to freely access the courtyard area without staff member direct supervision of the area when weather was mild. The program did not have an operating alarm system connected to the courtyard exit door from 7:00 a.m. to 5:00 p.m. daily. The program did not have an life safety code approved egress lock on the door leading to the courtyard. The program did not have a keyed lock on the courtyard gate as required by the life safety code.

Regulatory Insufficiency: An operating alarm system shall be connected to each exit door in a dementia-specific program. (IAC r. 481-69.32(2))

C. Structural requirements

Monitoring Observation: The program had a 10 apartment unit dedicated to dementia specific care. The program's memory care unit doors were to be secured with an alarm system to prevent unauthorized exit from the unit. The exit door leading to an enclosed gated courtyard had an alarm system attached to the top of the door. When the door was opened, the alarm system was designed to send a message to pagers carried by staff members alerting them to the unauthorized exit. This exit door was set to automatically lock when closed, disallowing unauthorized entrance into or exit from the building. The lock required a key to unlock the door from both the inside and the outside. All staff members carried a key to courtyard exit door lock. The courtyard was surrounded by a fence. The fence had a gate that exited to the program's unsecured parking lot area.

During the on-site visit at 1:30 p.m., the monitor noted the dedicated dementia unit door leading to the enclosed gated courtyard was propped open. The monitor noted Tenant #1, a cognitively impaired tenant with a GDS of 5, which indicated moderately severe cognitive decline, was sitting in the courtyard unsupervised by program staff members. Staff #3 and #5, both direct care workers, were noted to be in separate areas of the dementia unit assisting or visiting with other tenants. The monitor summoned both staff members to the doorway which had been propped open. Both staff members verified the pagers carried by each were not alarming that the door was open.

Staff #3 reported the exit door going to the enclosed gated courtyard was propped open on nice days to allow tenants to go freely out to the courtyard area without staff members having to open the door and to allow tenants to come back inside the dementia unit without having to have the door unlocked by staff members with the key. The monitor closed the door, allowed the door alarm system time to reset, then had Staff #5 open the door with her key. After opening the door, both Staff #3 and #5 checked their pagers, noting the system did not send a message to either pager indicating the door had been opened.

The monitor went to the gate located at the back end of the enclosed area. The monitor noted the gate had a combination padlock threaded through holes in the gate and part of the fence; however, the padlock was not engaged, allowing the monitor to remove the padlock from the gate and open the gate freely.

Both Staff #3 and #5 reported they were not even aware there was a gate in the fence surrounding the courtyard. Both reported staff members did not routinely check the padlock on the fence to assure the padlock was engaged to prevent unauthorized exit from the courtyard. Both Staff #3 and #5 did not know the combination to the padlock; therefore, both would have been unable to unlock the padlock to allow exit from the courtyard during an emergency situation.

During interview, the program Director reported the alarm system located on the secured dementia unit gated courtyard door was temporarily disengaged daily from 7:00 a.m. to 5:00 p.m. during nice weather to allow tenants to use the gated courtyard. The Director reported from 5:00 p.m. to 7:00 a.m., the courtyard exit door was alarmed and to be shut and locked at all times. When the door was opened with or without the key, a message was sent to pagers carried by all staff members alerting staff members that the courtyard door had been opened.

The Director reported the enclosed courtyard gate was to be locked at all times using the combination padlock. The Director reported the program's lawn company had used the gate on 9-20-13 when doing lawn work in the courtyard. The Director believed the padlock had been left disengaged at that time. The lock remained disengaged at approximately 1:30 p.m. on 9-23-13.

The program had been disengaging the alarm system which was attached to the exit door leading from the secured dedicated dementia unit to the gated outside courtyard area from 7:00 a.m. to 5:00 p.m. Staff members had been propping the door open, allowing cognitively impaired tenants to freely access the courtyard area without staff member direct supervision of the area when weather was mild. The gate exiting from the enclosed courtyard to the program's unsecured parking lot area had been left unsecured form three days without staff knowledge allowing unsupervised cognitively impaired tenants the ability to exit the secured dementia unit program through the gate.

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

D. Record Checks

Monitoring Observation: Upon review of staff member personnel files, the monitor identified the following:

Staff #5, CNA, had a hire date of 3-11-13 and currently provided direct care to program tenants. Staff #5's personnel file contained documentation of completion of the required criminal history check; however, the file lacked documentation of the required dependent adult abuse history check and the child abuse history check.

During interview, the program Director reported she was unable to locate the documentation of Staff #5's dependent adult abuse and child abuse history checks which were to have been completed prior to hire. The Director believed the history checks had been completed as required prior to Staff #5's hire. The Director looked through her office and other staff member's personnel files, finding no documentation of Staff #5's background checks. The program did not present any additional information prior to the end of the on-site visit.

The program did not maintain documentation of the required dependent adult abuse and child abuse record checks after completion; therefore, the monitor was unable to determine the history record checks had been completed as required prior to Staff #5's hire.

Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirements of the Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))