IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 12, 2014

Complaint Intake #: 47571-C

Ms. Jill Colling, Director
Sioux City I Bickford Cottage
4020 Indian Hills
Sioux City, IA 51108

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

Dear Ms. Colling:

Enclosed is the **Final Complaint & 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, following a survey by DIA on **April 29 and 30, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Record Checks, Policies and Procedures, Life Safety and Program Notification to Department.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

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.

Also enclosed you will find the Assisted Living Program Certificate **S0006** with effective dates of **June 1, 2014** through **May 31, 2016.**

If you have any questions in regard to this report, please contact me at 515/281-4116 or **James.Berkley@dia.iowa.gov**

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint and Recertification Monitoring Evaluation Report

Assisted Living Program:

Jill Colling, Director
Sioux City I Bickford Cottage
4020 Indian Hills
Sioux City, IA 51108

Complaint Intake #: #47571-C

Date of Monitoring Visit:

April 29th and 30th, 2014

Monitor(s):

Lori Miner, RN BSN

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:	27
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	29
TOTAL census of Assisted Living Program	29

Tenant/Family Satisfaction Results – A meeting was held with 25 tenants. The best thing about the program was the people, the home-like atmosphere, and the food. Housekeeping was completed to the tenants' satisfaction in apartments and common areas. Staff was reported to respond to requests for assistance in less than five minutes. Staff was described as trustworthy, helpful, and friendly and treated tenants' kindly and respectfully. A variety of food was served and hot food were generally served hot. Items were reheated if not and upon tenant request. There were enough activities offered and no suggestions were made for new activities. It was reported staff members were open to suggestions. Tenants were generally satisfied with the program, and would recommend it to others.

Program History – During the course of the Recertification visit conducted on April 29th and 30th, 2014, the program received regulatory insufficiencies in the areas of: Background Checks, Policy and Procedure, Life Safety, and Program Notification to the Department.

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

A. Record Checks

Monitoring Observation: Staff #1 was hired 6-26-12 as a Certified Medication Aide. Background checks were completed on 6-21-12. Staff #1 was not found on the dependent adult abuse registry and did not have a criminal history. The child abuse registry search indicated further research was required. The program was unable to provide documentation from the Department of Human Services indicating Staff #1 was able to work at the program.

Regulatory Insufficiency: Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. (IAC r. 481-67.19(3))

B. Policies and Procedures

Complaint/Incident Allegation: It was alleged the program was not doing adequate fire drills.

Monitoring Observation: The program was asked to provide documentation of fire drills completed over the last year. Documentation was provided for drills completed on 2-18-13 at 9:09 a.m., 3-20-14 at 8:00 a.m., and 4-23-14 which did not indicate a time.

Staff #2 and #3, direct care staff, were interviewed and reported they did not recall a fire drill prior to the one conducted on 4-23-14.

According to the program's Life Safety Evacuation Policy, fire drills were to be conducted bimonthly with each shift having one drill each quarter. A review of dictionary definitions revealed "bimonthly" could either mean every other month, or twice a month. If "bimonthly" was defined as every other month, the policy's requirement of each shift each quarter could not be met. The policy did not define "bimonthly" so it was unclear if bimonthly meant twice a month or every other month.

The program did not provide documentation of fire drills completed between 2-18-13 and 3-20-14. The drill of 4-23-14 did not document the time the drill was conducted. The program did not follow its policy on Life Safety Evacuation.

Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. (IAC r. 481-67.2)

C. Life Safety

Monitoring Observation: The program was asked to provide a copy of the most recent inspection by the State Fire Marshall's (SFM) office. The report dated 2-12 14 documented the dry fire system had been out of service due to frozen pipes in a back hallway. The SFM report also documented there was no log which documented a fire watch had been completed during the time the dry system was down.

The Director provided a copy of an email dated 12-13-13 sent to her supervisors documented the previous night, 12-12-13 a pipe burst in the hallway of the assisted living program and flooded the entire hallway. Three tenants were relocated to other apartments. The ceiling of an unoccupied apartment fell in.

The email did not document any outside agencies, such as the Department or the SFM, was notified of the fire system out of service.

Maintenance was interviewed and stated a pipe broke in December and 50 feet of pipe had to be replaced. Ceilings had to be repaired due to the damage to the ceilings. 40 feet of ceiling tile in the hallway had to be replaced. Seven apartments were affected, but only three of the apartments were occupied.

Tenants affected were moved to other apartments. Maintenance reported carpets were either cleaned or replaced and floors were wet. Walls were blown dry or the bottom half of the walls were replaced.

Maintenance reported the attic sprinkler system was affected. The sprinkler system used in occupied spaces of the building was unaffected. Maintenance reported the sprinkler pipe was repaired in two to four weeks, and the system was not working during that time. Maintenance reported it took time to wait for the insurance and sprinkler company to show up.

According to Maintenance, staff was told to look for fires when the sprinkler system was down. The Director was asked for documentation of routine fire checks, and no documentation was provided to the surveyor.

Staff #4 and #5 were interviewed. Staff #4 stated she helped a tenant move items out of the apartment after the pipe burst. Staff #5 reported she was working when tarps were hanging on the ceiling. Both reported they were not asked to perform checks for fire or smoke.

According to the program's Fire Watch policy, a dedicated staff member was to perform a fire watch every 30 minutes while the system was down. The fire department was to be notified. There was no documentation of the fire watch being completed. The program did not follow its fire watch procedure as required by the SFM.

Regulatory Insufficiency: The program's structure and procedures and the facility in which a program is located shall meet the requirements adopted for assisted living programs in administrative rules promulgated by the state fire marshal. Approval of the state fire marshal indicating that the building is in compliance with these requirements is necessary for certification of a program. (IAC r. 481-69.32(3))

D. Program Notification to the Department

Complaint/Incident Allegation: It was alleged the Department was not notified when the dry sprinkler system was down.

Monitoring Observation: In December of 2013, a pipe burst at the program which affected the attic sprinkler system. The system was not repaired for two to four weeks. The burst pipe also resulted in damage to apartments including ceilings, floors, and walls.

The Department was not notified of the structural damage and was not notified of the failure of the sprinkler system which lasted more than four hours.

Regulatory Insufficiency: The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: When damage to the program is caused by a natural or other disaster. (IAC r. 481-67.4(2))

Regulatory Insufficiency: When a defect or failure occurs in the fire sprinkler or fire alarm system for more than 4 hours in a 24-hour period. (This reporting requirement is in addition to the requirement to notify the state fire marshal.) (IAC r. 481-67.4(7))