IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #:
54289-I
53878-C

September 11, 2015

Ms. Samantha Hadden, Administrator
Bickford Cottage Urbandale
5915 Sutton Place
Urbandale, IA 50322

RE: Final Complaint/Incident Investigation Report, Bickford Cottage Urbandale, Urbandale, Iowa

Dear Ms. Hadden:

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, following an investigation by DIA on **August 25, 26 and September 2, 2015.** The following self-reported incident 52489-I and complaint 53878-C were investigated and the findings are as follows:

Allegation: Admission/Discharge
Comments: Based on review of documentation the Program did not complete functional, cognitive and health status evaluations prior to having tenants sign occupancy agreements.
Findings: Substantiated

Allegation: Tenant Rights
Comments: Based on observations, interview and record review tenants were treated with respect during service provision. The Program became aware of a possible abusive situation. An investigation was completed and a staff person's employment terminated for questionable interactions with tenants.
Findings: Unsubstantiated

The Report notes a Regulatory Insufficiency in the area(s) of: Evaluation of Tenant.

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.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0042	A. BUILDING. _____ B. WING _____	C 09/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE URBANDALE	5915 SUTTON PLACE URBANDALE, IA 50322

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments 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: 42 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 46 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 13 TOTAL census of Assisted Living Program: 59 Incident investigation 54289-I resulted in no regulatory insufficiences. The following regulatory insufficiencies were cited as a result of Complaint investigation 53878-C.	A 000		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant ' s functional, cognitive and health status prior to the tenant ' s signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant ' s eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate	A 036		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 036	Continued From page 1 cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant ' s mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on review of Program documents and staff interviews the Program did not complete functional, cognitive and health status evaluations prior to tenants signing the occupancy agreements (OA). 1. Tenant #1, a 72 year-old whose diagnoses included: dementia, hypertension and lewy body dementia. Tenant #1's Resident Face Sheet listed move in date as 6-22-15 Tenant #1's OA was signed and dated 6-2-15. Tenant #1's functional, cognitive and health status evaluations were dated 6-22-15. Tenant #1's OA was signed prior to the Program completing required evaluations. 2. Tenant #2, an 82 year-old whose diagnoses included: Alzheimer's disease, dementia, generalized osteoarthritis, amnesia and hypertension. Tenant #2's Resident Face Sheet listed a move in date as 8-4-15. Tenant #2's OA was signed and dated 8-2-15. Tenant #2's functional, cognitive and health status evaluations were dated 8-4-15. Tenant #2's OA was signed prior to the Program completing the required evaluations.	A 036		

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A 036	Continued From page 2 3. Tenant #3, a 88 year-old whose diagnoses included: depression, confusion, congestive heart failure, cardiac arrhythmia, hypertension, chronic renal disease and chronic pulmonary disease. Tenant #3's Resident Face Sheet listed move in date as 6-18-15. Tenant #3's OA was signed and dated 6-15-15. Tenant #3's functional, cognitive and health status evaluations were dated 6-26-15. Tenant #3's OA was signed prior to the Program completing the required evaluations. 4. Tenant #4, a 84 year-old whose diagnoses included: dementia, occlusion and stenosis of the carotid artery, coronary atherosclerosis, edema, hypertension and hyperlipidemia. Tenant #4's Resident Face Sheet listed move in date as 6-18-15. Tenant #4's OA was signed and dated 6-15-15. Tenant #4's functional, cognitive and health status evaluations were dated 6-18-15. Tenant #4's OA was signed prior to the Program completing the required evaluations.	A 036		

Plan of Correction
Urbandale Bickford

A. Evaluation of Tenant

Regulatory Insufficiency: The Program did not complete functional, cognitive, and health status evaluations prior to tenants sign occupancy agreements.

Plan of Correction:

The insufficiency will be corrected as follows:

- The Program will complete a full functional, cognitive, and health status evaluation prior to having a Resident sign the Admission Agreement.

The following measures will be taken to ensure the problem does not recur:

- An Apartment Possession Agreement has been developed for those individuals wishing to select an apartment but not ready to schedule a move-in.
- The Director has re-educated the RN Coordinator to ensure the functional, cognitive, and health status evaluation is completed prior to the resident signing the Admission Agreement.

The program will monitor performance to ensure permanent solutions in the following manner:

- The Divisional Director of Operations will audit Resident files at least twice per year to ensure that evaluations were completed prior to a Resident signing an Admission Agreement.

Date deficiencies corrected by: September 11, 2015