IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
54823-I

October 13, 2015

Ms. Alice Comer, Director
Bickford Cottage Iowa City
3500 Lower West Branch Road
Iowa City, IA 52245

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

Dear Ms. Comer:

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 **September 30, October 1 & 5, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Tenant Documents and Structural Requirements.

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
	S0023	A. BUILDING: _____ B. WING _____	C 10/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE IOWA CITY	3500 LOWER W BRANCH RD IOWA CITY, IA 52245

(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: 28 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 31 TOTAL census of Assisted Living Program: 31 Incident #54823-I was investigated and the following regulatory insufficiencies were cited during the course of the investigation.	A 000		
A 077	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant ' s medical record) This REQUIREMENT is not met as evidenced by: Based on review of tenant files, staff interviews and review of Program documents the Program failed to maintain documentation for tenants regarding incident reports for two of four tenant files reviewed (Tenants #3 and #4). Incident reports were not completed as needed for two	A 077		

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

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A 077	Continued From page 1 tenants. 1. Tenant #3, a 91 year old, was admitted on 8-11-15 and diagnoses included: hyperlipidemia, dementia and hypothyroidism. Tenant #3 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. According to Progress Notes dated 8-25-15, Tenant #3 had gradually become more agitated throughout the afternoon. Tenant #3 had other episodes of agitation in the afternoon but Tenant #3 was more significantly agitated than baseline. Tenant #3 yelled at staff and pounded on other apartment doors in search of a phone. As needed medication was administered with minimal results, earlier in the day. Tenant #3 refused as needed medication and became physically aggressive with staff who offered medication and redirection. The doctor was contacted and approved a transfer of Tenant #3 to a hospital for evaluation. An ambulance was called and arrived and police also responded to assist. After multiple attempts Tenant #3 was agreeable to transfer to a hospital. Tenant #3 walked to the ambulance without incident. A Progress Note dated 8-25-15 indicated Tenant #3 was noted to have a urinary tract infection and received a new order for Cephalexin. An incident report was not completed regarding Tenant #3's agitation, yelling at staff, pounding on apartment doors, refusal of as needed medication, being physically aggressive with staff and transfer to a hospital for evaluation. An incident report was not completed as needed for Tenant #3. 2. Tenant #4, an 89 year old, was admitted on	A 077		

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A 077	Continued From page 2 8-25-15 and diagnoses included: mild cognitive impairment, hypertension, asthma and hypothyroidism. Tenant #4 was staged at a three on the GDS, which indicated mild cognitive decline. According to Progress Notes dated 8-31-15, staff reported intermittent episodes of Tenant #4 sobbing over the weekend. Tenant #4's appetite was noted to be poor over the weekend and Tenant #4 ate minimally. Tenant #4 made a few comments about stopping eating and refusing medications so Tenant #4 would die. Tenant #4 stated Tenant #4 wanted to die but did not appear suicidal. Progress Notes 9-2-15 indicated Tenant #4 refused medications and breakfast and said Tenant #4 wanted to die. Tenant #4 said Tenant #4 was in a nice place but if Tenant #4 could not be home Tenant #4 would rather be dead. Tenant #4 was asked if Tenant #4 intended to harm oneself. Tenant #4 denied and said Tenant #4 would never "shed blood" there but was going to stop eating, taking medications and fade away. The doctor's office was notified and a message was left. Progress Notes dated 9-7-15 indicated upon entering Tenant #4's apartment staff observed writing on all mirrors with the word "die" multiple times. There was a note on the door that discussed Tenant #4 dying. The Nurse was notified and contacted Tenant #4's family. Tenant #4 was sent for a psychological evaluation. An officer came and escorted Tenant #4 out of the building to a hospital for further evaluation. According to Progress Notes dated 9-9-15, Tenant #4 was diagnosed with adjustment disorder and would return to the Program on 9-10-15. An incident report was not completed after the word "die" was written on mirrors in Tenant #4's apartment, a note which	A 077		

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A 077	Continued From page 3 discussed Tenant #4 dying was found on the door and Tenant #4 was sent to a hospital for further evaluation. Tenant #4 had previously made comments about wanting to die, had a poor appetite and refused medications. An incident report was not completed as needed for Tenant #4. 3. According to an interview with the Director, the note on Tenant #4's door (referenced in the Progress Notes dated 9-7-15) was a (previously posted) welcome note and there was writing on the note regarding Tenant #4 wanting to fade away. 4. According to a interview with the Nurse, Tenant #4 was diagnosed with adjustment disorder and returned from the hospital with no new medication orders. There had been no further instances and Tenant #4 talked with others and sat in the living room. 5. According to the Program's policy and procedure regarding incident and accident reports, staff, tenant or visitor incidents or accidents were to be reported and documented immediately after they occurred. Incidents or accidents included but were not limited to: medication errors, staff or visitor injuries and tenant falls or injuries. Incidents and accidents should be documented on the incident report form immediately following the occurrence. The person in charge at the time of the incident or accident should prepare and sign the report.	A 077		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements.	A 154		

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A 154	Continued From page 4 b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observation, a staff interview, review of Program documents and review of a tenant file the Program failed to have buildings and grounds that were well-maintained, clean, safe and sanitary. A privacy lock was installed on a door in an employee area; however, the door lock was installed with the lock on the corridor side of the door. The door lock was a safety concern as it could prevent a path of egress from the area. 1. Tenant #1, an 81 year old, was admitted on 7-2-15 and diagnoses included: Alzheimer's disease, anxiety, type 2 diabetes mellitus, primary hypertension, depression, hypercholesterolemia and vitamin D deficiency. Tenant #1 was staged at a three on the Global Deterioration Scale, which indicated mild cognitive decline. 2. According to a Program document, on 8-10-15 at approximately 8:00 p.m. Tenant #1 exited the building through a window in the employee service area near the kitchen. The Assistant Director witnessed Tenant #1 exit as the Assistant Director traveled to the building. Tenant #1 climbed out of the window by the employee restroom. The window was checked by the Director at 4:40 p.m. and was closed and locked. The window did not have a screen and the blinds were in place but were not closed. The area of the building was separated by a heavy swinging door and a sign indicated it was an employee area only. Tenant #1 was escorted	A 154		

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A 154	Continued From page 5 back to the building through the front door. Since the incident, a window alarm was installed on the window, blinds would remained closed (with a sign which alerted staff to keep them in a closed position), a lock was added to the door to the service area and a screen had been ordered to be installed as soon as possible. The security measures were in place by 12:00 p.m. on 8-11-15. 3. According to observation, there was a door near the dining room that was labeled for employees only. The door went to a service corridor and there were doors off the corridor including a door that went to an employee area. In the employee area there was an employee restroom and there was also a window. A privacy lock was installed on the door to the employee area; however, the lock was installed on the outside of the door (corridor side of the door). The installation of the lock on the corridor side of the door created a safety concern as there was the potential for someone to be locked inside the room without a path of egress out of the area. 4. According to an interview with the Nurse, the door was locked at approximately 5:00 p.m. to 5:30 p.m. and staff ensured there was no one in the area prior to locking the door.	A 154		

Plan of Correction
Iowa City Bickford

A. Tenant Documents

Regulatory Insufficiency: The Program failed to maintain documentation for tenants regarding incident reports for two of the four tenant files reviewed. Incident reports were not completed as needed for two tenants.

Plan of Correction
The insufficiency has been corrected as follows:

- All staff were re-instructed on 10.08.15 as to circumstances that would require the completion of an Incident Report, including the transfer of any resident out of the Branch for emergent, unscheduled medical care.

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

- The RNC will review Incident Reports on an as-needed basis to ensure that they are completed for all events that indicate the need for an Incident Report, including emergency transfers.

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

- Divisionals will review Incident Reports during site visits to ensure that they are completed appropriately.

Date deficiencies corrected by: 10/08/15

B. Structural Requirements

Regulatory Insufficiency: The Program failed to have buildings and grounds that were well-maintained, clean, safe, and sanitary. A privacy lock was installed on a door in an employee area; however, the door lock was installed with the lock on the corridor side of the door. The door lock was a safety concern as it could prevent a path of egress from the area.

Plan of Correction:
The insufficiency will be corrected as follows:

- The Branch will be well-maintained, clean, safe and sanitary.

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

- The current door lock will be replaced with one that can be opened with a key on the corridor side and a thumb latch on the inside that will allow the door to be unlocked from inside the room.

The Program will monitor performance to ensure compliance as follows:

- Divisionals will monitor the Branch to see that it is properly maintained, clean, safe and sanitary on their site visits to the Branch.

Date deficiencies corrected by: 10/25/15