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

DEMAND LETTER
Complaint Intake #: 57428-C
56956-I

January 29, 2016

Ms. Jenniffer Westfall, Administrator
Bickford Cottage Ames
2418 Kent Avenue
Ames, IA 50010

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - BICKFORD COTTAGE AMES
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Westfall:

I. Final Complaint/Incident Investigation Report – Bickford Cottage Ames, Ames, IA

Enclosed is the **Final Complaint/Incident Investigation Report ("Report")** issued 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 **January 21 and 25, 2016.**

Complaint #57428-C identified Tenant #2 was found unattended sitting on a bench at a local grocery store. The complainant believed Tenant #2 was cognitively impaired and was not safe when unattended.

1. Allegation – Staffing – It was alleged a cognitively impaired tenant was not supervised.
   Findings- Not Substantiated
   Comments – There was no documentation to suggest staff were not supervising the tenant identified. The tenant was identified by the Program as being mild cognitively impaired but able to maintain some freedom from restriction.

2. Allegation – Criteria for Admission and Retention – It was alleged the tenant was not evaluated for admission into an assisted living program

Findings – Not Substantiated
Comments – The tenant file contained documentation of evaluations completed prior to admission into the program and at regular intervals.

3. Allegation – Service Plans-It was alleged the assisted living program was not meeting the needs of the tenant identified.
Findings – Not Substantiated
Comments: The clinical record was reviewed, staff was interviewed, and policies were reviewed. The tenant identified was evaluated and found to have some cognitive impairment. The service plan identified impairments and applied interventions to address them. Based on the Program's evaluation of the tenant, the tenant's rights were also maintained in accordance with the program's policies. There was no evidence of harm to the tenant at the time of the onsite visit. The regulations require a preponderance of evidence standard be met to determine a regulatory insufficiency exits. A preponderance of evidence was not established. The monitor reviewed with the Program evidence found during the investigation to aid the Program in re-evaluating the tenant's cognitive abilities and services needed.

The Report notes Regulatory Insufficiency in the area(s) of: Program policies and procedures.

Bickford Cottage Ames ("Program") is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;

(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received a Regulatory Insufficiency in the area of Program policies and procedures.

The determination of a **$500 civil penalty** is based upon repeated regulatory insufficiency in the area(s) of: Program policies and procedures.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **three hundred twenty five dollars ($325)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

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.

IV. Conclusion

The Program is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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
	S0024	A. BUILDING: _____ B. WING _____	C 01/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE AMES	2418 KENT AVE AMES, IA 50010

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 30 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 38 TOTAL census of Assisted Living Program: 38 No regulatory insufficiencies were cited during the investigation of Complaint #57428-C. The following regulatory insufficiency was cited during the investigation of Incident #56956-I:	A 000		
A 008	481-67.2(1)e Program Policies and Procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. 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. 67.2(1) The program ' s policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program ' s building or on the premises that affect tenants shall be reported as incidents.	A 008		

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

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
	S0024	A. BUILDING: _____ B. WING _____	C 01/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE AMES	2418 KENT AVE AMES, IA 50010

(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 008	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on a review of incident reports and interview, and incident report was not completed when Tenant #1 reported $220 was missing from the apartment. 1. On 12-9-15 the Program notified the Department Tenant #1 reported $220 was missing. The Program completed an internal investigation and was unable to identify an alleged perpetrator. The police department was notified. The Administrator was asked to provide a copy of the incident report related to the missing money. During interview on 1-21-16 and confirmed at exit, the Administrator there was not an incident report completed. A review of the incident report policy identified incidents were to be reported and documented on the incident report form immediately following the occurrence. The Program's policy on the completion of incident reports was not followed and an incident report was not completed following Tenant #1's report of $220 missing.	A 008		

Plan of Correction
Ames Bickford

A. Program Policies and Procedures
<u>Regulatory Insufficiency</u>: An Incident Reports was not completed when money was missing from an apartment.

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

- Bickford Staff will complete Incident Reports following Bickford's incident and accident report policy.
- Re-education was completed with Director and RNC by Divisional RN on1/27/16
- Mandatory staff meeting was held on 01/26/16 to provide re-education on the policy and procedures of incident and accident reports.

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

- Annual In-Service on Resident Safety to be completed which includes incident and accident report policy and completion

The program will monitor performance to ensure compliance as follows:

- Divisional Director of Resident Services will review incident reports annually

Date deficiencies corrected by: February 5, 2016.