

Iowa Department of Inspections, Appeals & Licensing
Health & Safety Division
Adult & Special Services Unit
Civil Penalty Citation

Date: June 10, 2024
Program Name: Bickford Cottage Iowa City
Address: 3500 Lower Branch Rd Iowa City, IA 52245
Type of Action: Investigations 114814-I, 114815-I, 116350-C, 116677-I
Date(s) of Action: 2/26/24 – 2/28/24
Citation #: 10406

State Rule #	State Rule	Amount of Civil Penalty
Iowa Administrative Code 481- 69.29(4)	481-69.29(231C) Staffing. 69.29(4) A dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be awake and on duty 24 hours a day on site and in the proximate area. The staff shall check on tenants as indicated in the tenants' service plans. A non-dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be able to respond to a call light or other emergent tenant needs and be in the proximate area 24 hours a day on site. The staff shall check on tenants as indicated in the tenants' service plans. Based on interview and record review, the program failed to supervise current tenants according to their service plans resulting in elopement and/or injury. This pertained to 1 of 3 current tenants reviewed (Tenant #1). Findings include: Record review on 2/24/23 of Tenant #1's service plan identified he had a Global Deterioration Scale score of 6, indicating cognitive impairment. Tenant #1 was noted to be disoriented to person, time and place. He had poor safety awareness. Tenant #1 had a history of elopements and did attempt to leave the building. Staff increased supervision checks to every two hours for Tenant #1 on 11/9/23 after an elopement. Following an elopement on 11/12/23, staff began to provide supervision checks every hour. Record review on 2/26/24 of incident reports and the correlating Quick MAR reports revealed documentation about the following events for Tenant #1: a. On 12/18/23, Tenant #1 was found outside around 9:30 AM. No door alarms sounded or were heard by staff. On 12/18/23, staff documented they saw Tenant #1 at 7:50 AM. Tenant #1 was not checked during the 8:00 AM or 9:00 AM hour. The Quick MAR report listed these checks as late.	\$5000.00

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IAC 481-69.32(2)	b. On 1/1/24 at 9:30 AM, staff came out of the kitchen and heard the front door alarm sounding. A tenant in the living room reported someone went out the front door. Staff found Tenant #1 in the parking lot and brought him inside the building. c. On 1/1/24 at 9:40 AM, staff went outside to check on Tenant #1 after hearing an alarm. Tenant #1 was not in sight but was found after a search around the building. When staff found Tenant #1 he went into the building with them. On 1/1/24, staff documented checking on Tenant #1 at 7:52 AM and again at 9:38 AM. Staff did not provide hourly checks. The Quick MAR report listed these checks as late. The Executive Director confirmed these findings on 2/28/24 at 12:30 PM. 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. Based on interview and record review, the program failed to ensure the building's alarm system worked properly, potentially affecting 16 of 16 tenants with cognitive impairment. Findings include: 1) Record review on 2/26/24 of progress notes for Tenant C2 revealed he moved to the program on 7/24/23. The Health and Wellness Director (HWD) documented on 8/1/23 a change of condition evaluation was conducted as Tenant C2 scored 6 on the Global Deterioration Scale indicating a cognitive decline. Tenant C2 attempted to exit the building at times but was easily redirected by staff. The Licensed Practical Nurse (LPN) documented on 8/5/23 at 1:30 PM she saw Tenant C2 walking in the parking lot. The door alarm did not sound when he exited the building. Tenant C2 returned to the building with staff without incident. 2) Tenant #1's service plan identified he had a Global Deterioration Scale score of 6, indicating cognitive impairment. Tenant #1 was noted to be disoriented to person, time and place. He had poor safety awareness. Tenant #1 had a history of elopements and did attempt to leave the building. An Incident Report dated 12/18/23 identified Tenant #1 was found outside around 9:30 AM. The door alarms did not sound. He did not receive any injuries when out of the building. On 1/1/24 at 9:40 AM, Tenant #1 was seen by staff in the parking lot. Staff at the front of the building could not hear the alarm going off at the back of the building.	
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	On 2/26/24 at 3:34 PM, Staff A reported the program has have been having a lot of problems with Care Predict, the door alarm monitoring system. The system had been in use for about 4-5 months. Sometimes it would shut down and then they have to do 15 minute checks on tenants. Other times, staff might not get an alert about a tenant being outside for 40 minutes. Sometimes the door alerts won't trigger. Sometimes they won't get alerts about doors opening unless they check the real computer, instead of the phones staff carry. When Tenant C2 eloped, he went out the door by apt. 122. The door alarmed to a computer but she didn't get the notification on her phone. She couldn't hear the door alarm from the dining room where she was serving supper. On 2/27/24 at 10:00 AM, Staff B stated Tenant C2 would circle around the building trying to get out the doors. If you tried to redirect him he would scream no! Tenant C2 was doing laps on 8/5/23 but was pretty calm. They were cleaning up the dining room and some staff were taking their lunch. From the dining room window they saw him in the parking lot. He was probably outside for 1-2 minutes. They did not hear the alarm or get notification he was out. The door alarms don't work all the time. She recently learned Tenant #1 tried to get out of the building from the far hallway. The housekeeper was with him. He went out the door with the housekeeper. None of them heard the alarm or got an alarm on the phone he was out. You can't hear the alarm from the front. They didn't get the notification until he was back in the building with the housekeeper. On 2/27/24 at 5:00 PM The Executive Director reported there were times when the door didn't alarm. There have been situations in which alerts did not go to the staff phone about cognitively impaired tenants exiting the building or the alert arrived late. The door alarm system was relatively new and not always dependable.	
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