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 07/13/2017

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: 19 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 27 TOTAL census of Assisted Living Program: 27 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. No regulatory insufficiencies were cited during the investigation of Incident #69211-I. The following regulatory insufficiencies were cited during the investigation of Incident #68812-I and Complaint #68995-C.	A 000	See attached POC 8/16/17	
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the	A 013		

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A 013	Continued From page 1 Program failed to provide care, treatment and adequate/appropriate services as directed by service plans. This affected 1 of 1 tenant (Tenant #3) reviewed as a result of investigation #68812-I. Findings follow: Record review revealed a facility incident report, dated 6/8/17, documented, "...CMA (certified medication aide) notified RNC (registered nurse coordinator) that resident had eloped from branch. Resident was last seen around 1520 (3:20 p.m.) and returned to branch at 1530 (3:30 p.m.). Resident was returned safely to branch. Resident was dressed appropriately... 15 minute checks were implemented." Continued record review revealed the Program's investigation form documented Tenant #3 eloped on 6/8/17. The report noted, "... (Tenant #3) is a GDS (Global Deterioration Scale) 5 and wears a Homefree watch. The report further documented, "...(Tenant #3) found in our parking lot at 3:30 p.m. Staff redirected (Tenant #3) back to the facility unharmed. (Tenant #3) was last seen at 3:20 p.m. in the dining room... (Staff) stated the Homefree did not alarm at the door signaling that a resident with a watch went out and also did not alarm when (he/she) walked back in... Monitoring company stated that everything checked out okay with (Tenant #3's) watch, but if it did not alarm to change resident's monitoring watch out. After pulling the Homefree report it does indicate that the system did detect (him/her) as missing and when (he/she) returned. All (staff) report they did not reset the door alarm or Homefree alarm between 3:20 p.m. when (he/she) was last seen in the dining room and 3:30 p.m. when (he/she) was found in the parking lot." According to the state climatologist the nearest	A 013		

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A 013	Continued From page 2 weather report available was from the Ames Airport at 3:53 p.m. At that time the temperature was 87 degrees, skies were mostly cloudy and the wind was from the west at 14 mph. The humidity was rather low that afternoon, with no heat index computed for that time. Tenant #3 resided in a dedicated dementia assisted living program and had a Global Deterioration Scale of 5, which indicated moderately severe cognitive decline. Tenant #3's Service Plan, dated 5-31-17, indicated a history of exit seeking and the Tenant wore a HomeFree watch for safety. He/she should be redirected to another activity if he/she was trying to go to the doors. The tenant's service plan also noted a history of pulling the fire alarm pull stations next to exit doors to open the doors. Observations revealed the Program was located on 24th Street in a 35 mile per hour speed zone with four lanes of traffic. The tenant most likely exited through the front door as visitors exited the building. The tenant was seen walking in the parking lot and observed getting inside a vehicle approximately 50 feet from the front entrance. Continued observations revealed the egress door to the dining room alarmed. The alarm sounded when the door was pushed and the door opened after 15 seconds. Record review of HomeFree Wireless Resident Monitoring Solutions indicated on 6-8-17 at 3:20:25 p.m. Tenant #3 was Missing-near 135 and at 3:37:14 Tenant #3 Returned- zone 1 (near 135). When interviewed on 7-24-17 at 4:04 p.m. Staff D stated he drove by the Program and observed Tenant #3 walking in the parking lot in front of the	A 013		

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A 013	Continued From page 3	A 013		

building. He drove into the parking lot as Tenant #3 got into a van (employee's) parked on the west end and noticed the windows were down. He approached the tenant and asked what he/she was doing and he/she replied he/she was going to deliver some food. The tenant started the van and Staff D said, "Wait! You forgot something. We need to check the oil." Tenant #3 said "Ok," and Staff D turned off the ignition and took the keys out. Staff C arrived and helped to escort the tenant back into the building. Staff D stated he did not hear any alarms go off when they walked in the front door. Staff D stated the tenant was wearing a polo shirt, pants, and was missing a sock or a shoe.

When interviewed on 7-20-17 at 10:43 a.m. Staff C reported she was in the main dining room by the window, and some kind of activity in progress. She stated she saw Staff D waving in the parking lot and went to see what he needed. She observed Tenant #3 in the vehicle on the passenger side and Staff D informed her that the keys were in the ignition. Staff C reported she went back inside to get help. She confirmed Tenant #3 wore a HomeFree watch and the door alarm should have sounded when he/she was brought back into the building and it did not. She was unable to say how the tenant exited the building but assumed he/she must have followed a guest out the front door.

When interviewed on 7-20-17 at 11:30 a.m. the Maintenance Coordinator stated he completed weekly checks on the door alarms and pagers. He had checked the landscaping outside on the north and west side of the building and did not see Tenant #3 exit the building. He stated that he was not sure why the HomeFree Wireless Resident Monitoring Solutions report indicated

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A 013	Continued From page 4 Tenant #3 was by 135 as that is the middle of the west hallway. He called the HomeFree company and they stated they believed the system was working properly. He stated all of the staff pagers were replaced and Tenant #3's HomeFree watch was replaced with a new one. When interviewed on 7/12/17 at 10:37 a.m., the Director stated when Tenant #3 left the building alarms did not sound, nor did a notification go to staff pagers. She further reported no notifications went to staff pagers upon the tenant's return. During further interview on 8/2/17 at 4:00 p.m., the Director stated the general expectation was for vehicles to be secured. While the facility did not have a specific policy, this was the expectation. After the incident, she met with staff to reinforce with staff that all vehicles should be secured.	A 013		
A 047	481-69.23(1)i Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: i. Requires maximal assistance with activities of daily living; or This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review the Program failed to ensure tenants consistently met criteria for admission and retention in an assisted living program. This	A 047		

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A 047	Continued From page 5 pertained to 2 out of 5 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. A review of Tenant #1's record revealed the following: a. Service Assessments, dated 4-04-17 and 6-20-17, indicated he/she required the assistance of two staff when toileting. He/she was to be toileted in the morning, before and after meals/activities and before bed. One staff was needed to support him/her while another staff pulled his/her pants down/up and completed personal cares. Tenant #1 required two staff to complete bathing cares. One staff supported him/her while another staff removed his/her lower clothing, dried the tenant, and put clean clothing back on. He/she could no longer participate in hygiene or grooming and fully depended on staff to complete daily grooming. Tenant #1 required the assistance of one to two staff to perform transfers and also used a pivot disk due to hip pain. He/she used a wheelchair for mobility and relied on staff to move him/her around the building. Staff performed multiple checks throughout the night for safety and repositioned him/her every two hours. He/she fully depended on staff to manage and administer all medications. He/she fully depended on staff to participate in social activities. Tenant #1 required maximum assistance in the areas of mobility, transfers, grooming, medications, and activities. b. Cognitive Assessments, dated 4-04-17 and 6-20-17, indicated Tenant #1 scored at a level six (6) on the Global Deterioration Scale (GDS) which indicated a severe cognitive decline. The assessments indicated a loss of the psychomotor skills and contractures of his/her extremities.	A 047		

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A 047	Continued From page 6 c. Service Plans, dated 4-04-17 and 6-20-17, indicated one to two staff assistance needed for transfers, bathing, dressing, and toileting. He/she fully depended on staff for mobility, to brush his/her hair, completed his/her oral cares, administer his/her medications, and participate in social activities. When interviewed 7-17-17 at 10:46 a.m. Staff A stated Tenant #1 exceeded level of care in her opinion and required much more time and attention than the other tenants. She estimated that the time spent on him/her in a 24-hour period would be close to four hours if not more. According to Staff A, Tenant #1 could no longer walk. The tenant used a wheelchair at all times and was unable to propel himself/herself. A pivot disc was used for all transfers due to increased hip pain. Staff A stated she administered medications to Tenant #1. She would try to encourage him/her to hold cup, but he/she would not make any attempt and had to be spoon fed medications. Staff A stated Tenant #1 was on a toileting schedule and could not participate with cleaning himself/herself and was unable to hold on to the grab bars for support. Two staff were required to complete toileting with one person to hold and support Tenant #1 while the other staff person completed personal cares and undressed/dressed the tenant. Staff A stated Tenant #1 required two people to complete cares while in bed due to increased stiffness and pain; one staff to support and position while the other staff completed cares. She stated Tenant #1 was unable to participate in putting on or taking off shoes/socks/slippers and was unable to participate in bathing. Staff A stated Tenant #1 fully depended on staff for activities. Tenant #1 required maximum assistance with the following	A 047		

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A 047	Continued From page 7 Activities of Daily Living (ADLS): mobility, transfers, brushing hair and teeth, putting on shoes/socks/slippers, medications, toileting, and activities. When interviewed on 7-17-17 at 1:30 p.m. Staff B confirmed Tenant #1 required maximum assistance for mobility, transfers, brushing hair and teeth, putting on shoes/socks/slippers, medications, toileting, and activities. When interviewed on 7-18-17 at 12:52 p.m. the Registered Nurse Coordinator stated she focused on the requirement of a tenant needing routine two person assistance throughout the day, not the lack of participation in ADLs. She stated she did not fully understand the purpose of applying for a waiver when a tenant exceeded level of care. She confirmed Tenant #1 required full assistance with mobility, transfers, brushing hair and teeth, putting on shoes/socks/slippers, medications, toileting, and activities. 2. Intermittent Observation on 7-18-17 revealed Tenant #2 unable to ambulate independently. Tenant #2 required two staff to support him/her by the arms and needed verbal encouragement to move forward. Tenant #2 required assistance from two staff to transfer from a sitting to a standing position. The staff positioned themselves on each side and placed an arm under each arm of the tenant and lifted to a standing position. Tenant #2 required total assistance during mealtimes. Staff placed the meal in front of him/her and encouraged him/her to begin eating, but he/she just sat still. The staff attempted to put a fork in his/her hand and he/she still made no attempt to feed himself/herself. The staff brought him/her to the morning activity and he/she fully depended on	A 047		

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A 047	Continued From page 8 staff for participation. Tenant #2 required maximum assistance for the following ADLs: mobility, transfers, eating, brushing hair/teeth, putting on and taking off socks/shoes/slippers, and activities. A review of Tenant #2's record revealed the following: a. Service Assessment, dated 4-07-17, indicated he/she fully depended on staff to complete his/her bathing cares, brush his/her hair, complete his/her oral cares, administer his/her medications, and participate in social activities due to cognitive decline. Tenant #2 needed maximum assistance in the areas of bathing, grooming, medications, and activities. Service Assessment, dated 7-10-17, indicated he/she fully depended on staff to feed his/her meals, complete his/her bathing, brush his/her hair, complete his/her oral cares, administer his/her medications, and participate in social activities due to cognitive decline. Tenant #2 needed maximum assistance in the areas of eating, bathing, grooming, medications, and activities. b. Cognitive Assessments, dated 4-07-17 and 7-10-17, indicated Tenant #2 scored at a level six (6) on the GDS which indicated a severe cognitive decline. The assessments indicated a loss of the psychomotor skills. c. Service Plan, dated 4-07-17, indicated Tenant #2 fully depended on staff complete his/her bathing cares, brush his/her hair, complete his/her oral cares, administer his/her medications, and participate in social activities due to cognitive decline. He/she required the assistance of one to	A 047		

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A 047	Continued From page 9 two staff to assist with mobility and transfers due to unsteadiness and weakness. Service Plan, dated 7-10-17, indicated he/she fully depended on staff to feed his/her meals, complete his/her bathing cares, brush his/her hair, complete his/her oral cares, administer his/her medications, and participate in social activities due to cognitive decline. He/she required the assistance of one to two staff to assist with mobility and transfers due to unsteadiness and weakness. d. Progress notes, dated 6-21-17, revealed Tenant #2 required staff to feed his/her meals due to no longer feeding himself/herself. When interviewed on 7-17-17 at 10:46 a.m. Staff A stated Tenant #2 exceeded level of care in her opinion and required much more time and attention than other tenants. She estimated the time spent on him/her in a 24-hour period would be close to four hours, if not more. Staff A stated she was able to transfer and walk with Tenant #2 by herself, but other staff would use a two person assist for mobility and transfers. Staff A stated Tenant #2 used to feed himself/herself, but recently staff fed him/her or he/she would not eat. Staff A stated Tenant #2 did not seem to remember what to do with a tooth brush or hair brush and just held anything placed in his/her hands. Staff A described Tenant #2 as being in a catatonic state most of the time and fully depended on staff for activities. Tenant #2 required maximum assistance with the following ADLs: mobility, transfers, eating, bathing, brushing hair/teeth, dressing lower half of body, putting on and taking off socks/shoes/slippers, medications, and activities.	A 047		

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A 047	Continued From page 10 When interviewed on 7-17-17 at 1:30 p.m. Staff B confirmed that Tenant #2 required maximum assistance with mobility, transfers, eating, bathing, brushing hair/teeth, dressing lower half of body, putting on and taking off socks/shoes/slippers, medications, and activities. When interviewed on 7-18-17 at 12:52 p.m. the Registered Nurse Coordinator confirmed Tenant #2 required full assistance with mobility, transfers, eating, bathing, brushing hair/teeth, dressing lower half of body, putting on and taking off socks/shoes/slippers, medications, and activities.	A 047		

8/10/17 08/18/17

Plan of Correction
Ames Bickford Cottage

481-67.3 Tenant Rights
Regulatory Insufficiency: Program failed to provide care, treatment and adequate/appropriate services as directed by service plans

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

- The Director and RN Coordinator provided re-education on 6-9-17 on Unwitnessed Door Alarms and Missing Resident policies with the staff who were present during the 6-8-17 elopement.
- An all-staff mandatory in-service was conducted on 6-9-17 reviewing the Policies on Unwitnessed Door Alarm and Missing Resident.

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

- The Director will ensure that weekly checks on door alarms and monthly checks on our Homefree system are completed as required.
- Individual education will be completed as deemed necessary.

The program will monitor performance to ensure compliance as follows:

- Divisionals will audit completed door alarm and Homefree system checks annually to ensure compliance.

Date deficiencies corrected by: 06.19.17 and on-going

481-69.23(1)l Criteria for Admission/Retention of Tenants
Regulatory Insufficiency: The Program failed to ensure tenants consistently met criteria for admission and retention in an assisted living program.

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

- The Director and RN Coordinator were re-educated regarding appropriate level of care and applying for a waiver through the Department of Inspections and Appeals on 7-21-17.
- Tenant #1 passed away on 6/24/17 while receiving hospice services prior to DIA investigation.
- Tenant #2's guardian met with Director, RNC, and Assistant Director on 8/16/17. Staff informed guardian that Bickford of Ames is issuing a 30-day notice. Written 30-day notice will be mailed on 8/17/17.

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

- RNC will continue to assess residents to ensure they consistently meet criteria for admission/retention.

The program will monitor performance to ensure compliance as follows:

- Divisionals will monitor that residents are appropriate for retention in the Branch on routine visits.

Date deficiencies corrected by: 08.16.17 and on-going