STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP027	A. BUILDING _____ B. WING _____	01/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE WEST DES MOINES	5050 HAWTHORNE DR WEST DES MOINES, IA 50265

(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 138	481-69.32(2) Life Safety 481-69.32(231C) Life safety-emergency policies and procedures and structural safety requirements. 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This Requirement is not met as evidenced by: Based on observations, interview and record review the Program failed to consistently ensure operating alarm systems attached to each exit door. This affected 1 of 1 tenant (Tenant #1) who exited the building without staff knowledge. Finding follows: Record review on 1/22/20 revealed an Unusual Occurrence Report (incident report) date of occurrence 1/19/20. According to the report staff documented Staff B came to the memory care unit and said she could hear someone calling for help. Staff A who was assigned to the memory care unit said she checked Tenant #1's room and discovered she was not there. Staff A checked the courtyard area and found Tenant #1 on the patio. Both staff assisted Tenant #1 up and into a wheelchair. They took her to the bathroom and changed her out of wet clothes. Staff A took Tenant #1's vital signs and reported to the on call nurse via telephone who told staff to apply a warm washcloth to Tenant #1's hands. Further record review revealed a summary of the incident which documented vital signs were within normal limits and at the time of the incident Tenant #1's body temperature was 97.8 which was noted to be within normal limits for Tenant #1. Tenant #1 had bruising to the 2nd, 3rd and 4th digits of her right hand. Staff A said Tenant #1 had been seen at 9:03 p.m. before she went to assist another tenant. Staff B reported hearing someone calling	A 138	481-69.32(2) Life Safety 481-69.32(231C) Life Safety- emergency policies and procedures and structural safety requirements. Door alarms are checked weekly per policy and recorded as exit door weekly inspection to ensure proper functionality. 69.32(2) An operating alarm system shall be connected to each exit door in a dementia specific program. Each exit door is alarmed and each alarm is checked weekly per policy to ensure functionality. Door alarm to Dementia Unit courtyard was renamed in system. Each door alarm is identified specifically as to location within building to ensure proper staff response.	1/22/20 & ongoing 1/22/20 & ongoing 1/20/20 & ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP027	A. BUILDING _____ B. WING _____	01/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE WEST DES MOINES	5050 HAWTHORNE DR WEST DES MOINES, IA 50265

(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 138	Continued From Page 1 for help when she was assisting another tenant and started to look for the person calling out for help. When Staff B entered the memory care unit to determine which tenant could be yelling for help staff noted Tenant #1 was not in her room. After a search staff found Tenant #1 sitting on the pavement approximately 40 feet outside the door. Additional record review revealed Tenant #1, admitted to the Program 6/17/17, had diagnoses including dementia, hypertension, asthma, cardiovascular disease, and COPD. According to her service plan, completed 5/8/19, she required two liters of oxygen via nasal cannula at all times. It was noted she frequently refused her oxygen - claimed she didn't use it, it tickled, and she just didn't like it. Tenant #1's cognitive assessment, completed 9/17/19, scored her a six on the Global Deterioration Scale (GDS). When interviewed on 1/22/20 at 3:00 p.m. the state climatologist provided the following weather conditions for the night of the incident (1/19/20 conditions recorded at 8:54 p.m.); temperature 4 degree Fahrenheit (F), winds out of the Northwest at 13 miles per hour and a wind chill of -13 degrees F. The state climatologist said that night was one of the "coldest nights we've had in some time." When interviewed on 11/22/20 at 2:00 p.m. the on call nurse confirmed staff called on 1/19/20 around 9:20 p.m. and told her they found Tenant #1 in the courtyard of the memory care area of the building because she was yelling. She said staff told her they thought Tenant #1 had been outside approximately 10 minutes. She directed staff to wrap Tenant #1's hands in warm washcloth. She said she contacted another on call nurse to determine if this would be considered and elopement and then notified the Director and	A 138		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP027	A. BUILDING _____ B. WING _____	01/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE WEST DES MOINES	5050 HAWTHORNE DR WEST DES MOINES, IA 50265

(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 138	Continued From Page 2 asked the Certified Medication Aide (CMA) on duty to ask staff to complete statements regarding the incident. She confirmed that neither she nor the Director completed a physical assessment on the night of the incident but complete one the following morning. She said based on the vitals, body temperature and injuries described by staff she determined the tenant was stable. She added she could hear the tenant talking in the background. When interviewed on 1/22/20 at 3:45 p.m. Staff A said she had just finished administering medications in the memory care unit and started to assist another tenant get ready for bed. According to Staff A, Tenant #1 attempted to follow her into the other tenant's room so she asked her to wait for her. Staff A said Tenant #1 had been asking about her family throughout her shift. While Staff A assisted another tenant Staff B came to the memory care unit and said she heard someone calling for help. Staff A said she checked Tenant #1's room and then they checked the courtyard and found Tenant #1 sitting on the ground. She said Tenant #1 was wearing pants, long sleeve shirt, sweater, socks and shoes. According to Staff A they brought Tenant #1 in with a wheelchair and changed her clothes because hers were wet. She said she looked Tenant #1 over and noted bruising to her hand. When interviewed on 1/23/20 Staff B reported she responded to a pager/call light on the assisted living side of the building and while in the tenant's apartment she heard someone yelling for help. After checking adjacent apartments she went to the memory care unit to check on tenants back there. She asked Staff A if everything was ok and told her that she could hear someone calling for help. When they checked on Tenant #1 she was not in her apartment. According to Staff B when	A 138		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP027	A. BUILDING _____ B. WING _____	01/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE WEST DES MOINES	5050 HAWTHORNE DR WEST DES MOINES, IA 50265

(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 138	Continued From Page 3 she opened the courtyard door Tenant #1 said "help". She directed Staff A to get a wheelchair to bring Tenant #1 inside. Staff B said she went to the other part of the building to notify Staff C who went back to memory care and she returned to the apartment of the tenant who had paged earlier. Staff B said the only page she saw at the incident was for the tenant who she responded to but in the past the library door had paged with a former tenant's name. She said it was common knowledge amongst staff that the library door paged as the former tenant's name and she would check the library door. According to Staff B she had communicated this to the maintenance man and other administrative staff. When interviewed on 1/22/20 at 3:30 p.m. and 1/23/20 at 2:20 p.m. Staff C stated Staff B reported to her Tenant #1 had been found outside the courtyard door in the memory care unit. She said she went back to the memory care unit and Tenant #1 sat on the toilet and her wet clothes (sweater, pants, long sleeve shirt, socks and shoes) were on the floor of the bathroom. Staff C confirmed she called the on call nurse and the tenant's family. When asked about a page from the memory care courtyard door she said she did not see one. Staff C said there was a page for the library door in the assisted living (AL) area of the building. She said the pager displayed a former tenant's name and she responded to the library door to the courtyard in the AL side of the building because she said it was common knowledge amongst staff that the library door paged as the former tenant. According to Staff C said reported the inaccurate page to the former maintenance person and other administrative staff. When interviewed on 1/22/20 at 11:45 a.m. the Director reported she received a call on 1/19/20	A 138		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP027	A. BUILDING _____ B. WING _____	01/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE WEST DES MOINES	5050 HAWTHORNE DR WEST DES MOINES, IA 50265

(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 138	Continued From Page 4 regarding an elopement. She said the on call nurse directed staff on what to do with Tenant #1 after she was found outside on 1/19/20. The Director confirmed neither herself nor the on call nurse did an assessment immediately following the incident but did the following morning. Once the Director initiated an investigation she discovered that the pager system for the courtyard door was not functioning properly. According to the director when the door was opened it was identified on the pager as a former tenant's name. She explained the maintenance man who was responsible for ensuring the door alarms functioned properly had quit in early December without notice. According to the Director she became aware of the malfunction of the door pagers at this time. She also confirmed that according to documentation (exit door inspection checklist) the last time the door alarms were checked by the former maintenance man on 11/21/19.	A 138		