

AK 6/19/17 CAC 6/19/17

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/17/2017
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NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE URBANDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 5915 SUTTON PLACE URBANDALE, IA 50322
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A 000	<p>481-67 Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 34 Number of tenants with cognitive disorder: 10 Total Population of Program at time of on-site: 44</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 13</p> <p>TOTAL census of Assisted Living Program: 57</p> <p>The following regulatory insufficiency was cited during the Investigation of Complaint #67469-C</p>	A 000	<p>See attached</p> <p>POC 6/14/17</p>	
A 003	<p>481-67.2 Program policies and procedures</p> <p>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.</p>	A 003		

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

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A 003	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to follow policies and procedures established by the Program for unresponsive tenants. This affected 1 of 1 identified during 67469-C. Findings follow:</p> <p>1. Record review revealed an incident report, dated 4-10-17, documented at 5:00 a.m. Staff A found Tenant #1 unresponsive in bed. Staff A documented he called the nurse immediately when a pulse could not be felt. Staff A then called 911 and started CPR after. The Incident Report noted the Registered Nurse (RN) was called at 5:10 am. and no time was recorded for the call to 911.</p> <p>Continued record review of Tenant #1's file revealed Tenant #1 admitted to the Program 4-1-17. The tenant's face sheet indicated he/she would receive cardiopulmonary resuscitation (CPR) as necessary. Tenant #1's diagnoses included: noninfective gastroenteritis and colitis, localized edema, hypertension, gastric reflux, frequency of micturition, Alzheimer's disease, major depressive disorder, hyperlipidemia, restlessness and agitation, abnormal posture, muscle weakness, and other abnormalities of gait and mobility.</p> <p>Review of Urbandale Fire/Emergency Medical Services (EMS) Patient Care Report, dated 4-10-17, indicated dispatch notified at 5:21 a.m. of an unconscious person. EMS was on scene at 5:28 a.m. and performed CPR. At 5:32 a.m., EMS assisted with ventilation. At 5:33 a.m. EMS performed an Electrocardiogram (ECG) monitoring and oropharyngeal airway insertion.</p>	A 003		
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A 003	<p>Continued From page 2</p> <p>Disposition of Tenant #1 was documented as "Dead at Scene" and "no pulse on transfer."</p> <p>Continued review of the EMS patient care report revealed the patient narrative, completed by the Emergency Medical Technician (EMT) on 4-10-17, indicated Tenant #1 was lying on his/her back in bed and there was no CPR in progress when he entered the room. Tenant #1 was noted to be pulseless, apneic, and unresponsive. The EMTs moved him/her to the floor to initiate CPR. EMT noted he was told by Staff A that Tenant #1 was found at 5:00 a.m. to be unresponsive and CPR was initiated. No reason was given for the delay in contacting 911. A staff person informed the EMT Tenant #1 had been changed at 2:45 a.m. and he/she had responded appropriately. Orders were received at 5:38 a.m. to discontinue CPR and EMS exited the scene at 6:20 a.m.</p> <p>Review of the on-call phone log revealed the RN received a call on 4-10-17 at 5:16 a.m. from the Program.</p> <p>Review of Policy and Procedures revealed the following:</p> <p>a. Unresponsive Resident key procedures instructed to verify the resident's condition and call 911 if a resident was found unresponsive, unless the resident is a hospice patient. If the unconscious resident is a hospice patient, call hospice only. After calling 911, the procedures instructed staff to begin CPR, unless appropriate DNR orders in place, until emergency personnel arrived and took over or verified death.</p> <p>The procedures instructed to contact significant individuals as soon as possible, including the RN Coordinator and Director.</p>	A 003		
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A 003	<p>Continued From page 3</p> <p>b. Medical Emergency or Injury key procedures instructed staff to assess the situation and determine the CPR status if a resident found unresponsive. If the resident had a CPR code status, staff should then call 911 and begin CPR.</p> <p>c. Death of a Resident key procedures instructed if a resident was found unconscious, staff should check code status then call 911. Staff should then begin CPR procedure if the resident had the appropriate code status until emergency personnel either took over CPR or verified death.</p> <p>The procedures then instructed to notify the Director and family.</p> <p>When interviewed on 5-4-17 at 6:35 a.m. Staff A stated he found Tenant #1 unresponsive in bed, could not feel a pulse, and his/her color was a little different. He stated he called 911, checked for the code status, and then initiated CPR. Staff B then took over CPR until paramedics arrived. Staff A then stated he called the RN after the paramedics arrived and they talked about what was done.</p> <p>When interviewed on 5-4-17 at 9:54 a.m. Staff B stated he worked in the dementia unit when Staff A called him and said that Tenant #1 had no pulse. He then went to Tenant #1's room, was told again that he/she had no pulse and Staff B started CPR while Staff A went to make the phone calls.</p> <p>When interviewed on 5-4-17 at 9:20 a.m. the RN stated he received a call from the staff that Tenant #1 was unresponsive. He stated the staff</p>	A 003		
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A 003	<p>Continued From page 4</p> <p>were very difficult to understand on the phone, and so he gave them directives to call 911 and start CPR since he was not sure if this had already been done. During a follow up interview on 5-17-17 at 11:06 a.m. the RN stated he received a call on his work cell phone at 5:16 am from the staff regarding the situation with Tenant #1. The RN provided the call log from his phone to confirm receipt of a call from the Program at 5:16 a.m.</p> <p>When interviewed on 5-17-17 at 11:20 a.m. the Director confirmed according to the Policy and Procedures for Unresponsive Resident, Death of a Resident, and Medical Emergency or Injury, 911 should be called first. She stated on 1-17-17 the Emergency Manual was reviewed in detail with staff. At that time, no staff had any questions and seemed to understand the contents. According to Emergency Handbook sign in sheet dated 1-17-17, both Staff A and B were in attendance.</p>	A 003		
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**Plan of Correction
Urbandale Bickford Cottage**

A 003 Program Policies and Procedures

Regulatory Insufficiency: The Program failed to follow policies and procedures established by the Program for unresponsive tenants.

Plan of Correction:

The insufficiency will be corrected as follows:

- The Director and RN Coordinator completed an all-staff mandatory in-service on May 22, June 9th and June 12th, 2017 reviewing the Emergency Handbook, specifically Death of a Resident and Unresponsive Resident. During the in-service, Policy 3100-Life Safety regarding Incident and Accident Report and Policy 70300 Documentation were reviewed and all Bickford staff were re-educated on these policies.

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

- The Director will ensure that annual in-service on these areas is completed as required and stated in our Policy and Procedure book/Emergency Handbook, as well as ensuring that individual education is completed by the RNC as deemed necessary.

The program will monitor performance to ensure compliance as follows:

- Divisionals will audit annual In-services completed to ensure they are conducted as required.

Date deficiencies corrected by: 06.14.17 and on-going