

9/19/17

JK

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/19/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE CEDAR FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 5101 UNIVERSITY CEDAR FALLS, IA 50613
---	---

(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	<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>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 24 Number of tenants with cognitive disorder: 16 Total Population of Program at time of on-site: 40</p> <p>TOTAL census of Assisted Living Program: 40</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>The following regulatory insufficiencies were cited during the investigation of Complaint #69240-C:</p>	A 000	<p>See attached</p> <p>POC 7/18/17</p>	
A 063	<p>481-67.9(4)f Staffing</p> <p>481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: f. Services shall be provided to tenants in accordance with the training provided.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 063		

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: S0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/19/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE CEDAR FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 5101 UNIVERSITY CEDAR FALLS, IA 50613
---	---

(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 063	<p>Continued From page 1</p> <p>Based on interview and record review staff failed to consistently ensure tenants received services to meet their needs in accordance with training provided in the nurse delegations for head injuries. This affected 1 of 2 tenants (Tenant #1) reviewed as result of complaint investigation #69420-C. Finding follows:</p> <p>Record review on 7/17/17 revealed an Incident Report (IR), dated 7/10/17, documented Certified Medication Assistant (CMA) A went into Tenant #1's room to give medication and found Tenant #1 on the floor in apartment on his/her back with his/her head in the closet. Staff noticed minor scrapes to the top of Tenant #1's head and right hand. CMA A took vitals (blood pressure 129/84, temperature 97.7, pulse 69, respirations 16). Action taken noted: two assist to stand, cleaned up head, and right hand. Applied 2 bandaids." The report documented no further assessment at that time. Further review of the incident report revealed CMA A noted he notified the RN (Registered Nurse) at 10:00 p.m. Further action, documented 7/11/17 at 10:15 a.m., noted vitals taken (blood pressure 140/94, pulse 80, respirations 18) and reported "Alert & tired. Reports a bad headache across forehead and back of neck. Staff reports he has had tremors through the night. Pupils equal and pinpoint. Has a difficult time following commands to squeeze hands. Sending to (emergency room) for assessment.</p> <p>Additional record review revealed history and physical for Tenant #1 from his/her visit to the emergency room 7/11/17. The document noted, "The patient is an 84 year old... with a past medical history of coronary artery disease, status post a total of five stents, disequilibrium with recurrent falls, type 2 diabetes, hypertension,</p>	A 063		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/19/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE CEDAR FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 5101 UNIVERSITY CEDAR FALLS, IA 50613
---	---

(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 063	<p>Continued From page 2</p> <p>dementia... brought to the Emergency Department after a fall... The patient had a fall last night but (he/she) was still okay and the staff helped (him/her) go back to (his/her) bed. This morning, (he/she) woke up with severe headache and pack pain and neck pain an the staff at the assisted living noticed that (he/she) was more confused than normal and he was brought to the Emergency Department where he was slightly hypertensive with blood pressure 189/88 and CT of the head without contrast showed a subdural hematoma along the faux measuring 9.2 cm (centimeters) and subarachnoid hemorrhage in the right temporal lobe..."</p> <p>The report documented diagnosis of: fall and head trauma, subdural hematoma and subarachnoid hemorrhage, and mild hyponatremia. The treatment plan noted, "... the decision was made to admit the patient to the hospital. We are going to do pain control and supportive treatment. We are going to do Hospice consult and... keep the patient on comfort measures only. No blood draws. No imaging studies... Estimated length of stay more than two midnights."</p> <p>When interviewed on 7/17/17 at 1:10 p.m. the Registered Nurse Coordinator (RNC) said CMA A sent her a text message regarding Tenant #1's fall, which she didn't receive until the next morning because she was asleep. She said when she talked to CMA A she learned he had not completed the delegated tasks required with for head injury.</p> <p>Record review on 7/18/17 revealed a Nurse Delegation for Head Injuries signed by CMA A. The document signed by CMA A provided the following directions for head injuries. "For</p>	A 063		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/19/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE CEDAR FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 5101 UNIVERSITY CEDAR FALLS, IA 50613
---	---

(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 063	<p>Continued From page 3</p> <p>un-witnessed falls, ask the resident if they hit their head during the fall and to identify the area involved. If the resident is unable to tell you if they hit their head and/or a GDS of 4 or above, inspect the head and neck areas for signs of trauma: bruising, swelling, redness, tenderness, pain with touch or bleeding." Further direction included; "Obtain a full set of vitals at the time of the incident then once every shift for 48 hours and document in the progress notes, look at the resident's pupils (eye) to see if they are equal in size, have the resident squeeze your opposite hands to see if the grip strength is the same in both hands, watch the resident for increased confusion, excessive sleepiness, headaches nausea and/or vomiting. Notify the RNC of all findings, whether or not they are in the branch, to report your findings and she/he will provide further instruction, document in the progress notes. NOTIFY THE RNC OF ALL FALLS INVOLVING AN INJURY TO THE HEAD."</p> <p>When interviewed on 7/17/17 at 2:45 p.m. CMAA admitted he did not follow the delegated tasks for head injuries. According to CMAA the third shift person told him needed to notify the RNC and he couldn't remember if he talked to the RNC or left a message. CMAA admitted he did not check Tenant #1's pupils for size or have the Tenant do the grips as described in the delegation.</p> <p>Further interview with the RNC on 7/17/17 at 1:30 p.m. confirmed CMAA failed to complete all delegated tasks for a person with a head injury. The RNC said CMAA sent her a text message around 10:00 p.m. but she didn't get it until the following morning. She said text messages can be an appropriate form of notification but CMAA should have followed up when he didn't receive a response from her.</p>	A 063		
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/19/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE CEDAR FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 5101 UNIVERSITY CEDAR FALLS, IA 50613
---	---

(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 063	<p>Continued From page 4</p> <p>When interviewed on 7/18/17 at 12:15 p.m. Licensed Practical Nurse (LPN) B confirmed she would follow all delegated tasks for a suspected head injury. She said text messages can be used for notification to the RNC if an acknowledgement had been received from the RNC. She did add that she would typically prefer to speak to the RNC concerning a head injury.</p> <p>When interviewed on 7/18/17 at 12:44 LPN C confirmed she would follow all delegated tasks for a suspected head injury. She said text messages can be used for notification of the RNC if an acknowledgement had been received. She added in addition to notifying the RNC she would notify family or the Power of Attorney (POA) for healthcare.</p> <p>When interviewed on 7/18/17 at 1:15 p.m. CMA D confirmed she would complete all delegated tasks for a suspected head injury. She said she calls the RNC for notification as she feels more comfortable discussing the head injury and outcome of task with the RNC.</p> <p>When interviewed on 7/19/17 at 11:00 a.m. the RNC confirmed CMA A should have followed the directions in the nurse delegation procedures for head injuries. She also said she would be clarifying the expectation that staff speak to a RN when a tenant sustained or staff suspected they sustained a head injury.</p>	A 063		

✓
9/19/17
OK

Plan of Correction
Bickford Cottage of Cedar Falls

A Staffing

Regulatory Insufficiency: CMA A did not complete nurse delegation for suspected head injury

Plan of Correction:

The insufficiencies will be corrected as follows:

- CMA A was redelegated on 7/11/17 all CMA's and LPN's were redelegated on 7/18/17

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

- Upon hire, all CMA's and LPN's will be delegated on suspected head injuries to ensure they are competent to meet the individual needs of her of the tenants

The program will monitor performance to ensure compliance as follows:

- The Director and Registered Nurse Coordinator will review all incident report documentation to ensure that BFM's are properly completing head injury delegations in the event that there is a suspected head injury.
- Director and RNC will work individually with BFM's and reeducate if they are not properly completing delegation.

Date deficiencies corrected by: 07/18/2017