

✓ 3/20/18

OK 3/20/18

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
BICKFORD COTTAGE MUSCATINE

STREET ADDRESS, CITY, STATE, ZIP CODE
**2807 CEDAR ST
MUSCATINE, IA 52761**

(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 Initial Comments

Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site.

General Population
Number of tenants without cognitive disorder: 23
Number of tenants with cognitive disorder: 3

Memory Care Unit
Number of tenants without cognitive disorder: 0
Number of tenants with cognitive disorder: 5

TOTAL Census of Assisted Living Program for People with Dementia : 32

The following regulatory insufficiencies were cited during the investigation into Incident #72417-I, Complaint #72385-C and the Revisit of Complaints #67802-C, #67817-C and #69006-C.

A 000

See attached

POC
3/8/18

A 015 481-67.3(4) Tenant Rights

481-67.3 Tenant rights. All tenants have the following rights:
67.3(4) To be free from mental and physical abuse.

A 015

This REQUIREMENT is not met as evidenced by:
Based on interviews and record review, the Program failed to consistently provide an environment free from mental and physical

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: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 015	<p>Continued From page 1</p> <p>abuse, specifically tenant to tenant abuse. This potentially affected all tenants residing at the Program (32 of 32 tenants).</p> <p>Findings follow:</p> <p>Please see the regulatory insufficiency cited at Iowa Administrative Code (IAC) 69.23(1)c(1) for additional information.</p> <p>1. Record review revealed Tenant #2's diagnoses included dementia and diabetes. A cognitive assessment, completed 11/6/17, scored Tenant #2 at a five (5) on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline.</p> <p>Continued record review revealed a physician's visit form, dated 8/24/17, noted Tenant #2 was territorial and became agitated toward other residents when they were in the common living area or near the chair or sitting in the chair he/she called his/hers. Tenant #2 yelled or shoved other residents. Tenant #2 often looked for his/her car and became agitated when unable to go out the front door alone and pushed/shoved staff. Tenant #2 usually spent his/her time in the common area, rather than his/her apartment and the nurse believed this resulted in behaviors.</p> <p>Continued record review revealed on 11/4/17 at 1:00 p.m. progress notes documented another tenant reported Tenant #2 punched him/her twice and shoved him/her so hard he/she fell to the ground. The other tenant, Tenant #1, was taken to the hospital via ambulance. According to hospital records, Tenant #1 was diagnosed with an acute one centimeter subdural hematoma in the left parietal convexity with mass effect on the adjacent brain, as well as a one centimeter</p>	A 015		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 015	<p>Continued From page 2</p> <p>intraparenchymal hematoma in the medial right frontal lobe. Tenant #1 did not return to Bickford Cottage - Muscatine. Tenant #1 stayed at University of Iowa Hospitals and Clinics from 11/4/17 - 11/27/17, when he/she was discharged to a skilled nursing facility where he/she later expired. Tenant #1's certificate of death documented he/she expired 12/1/17 and indicated an immediate cause of death as subdural hemorrhage with brain herniation.</p> <p>Additional record review revealed the following additional incidents documented in progress notes since 9/1/17:</p> <p>a. On 9/16/17 a progress note documented Tenant #2 was "very aggressive towards other residents."</p> <p>b. On 10/15/17 at 6:00 a.m. progress notes documented Tenant #2 was very agitated all night. Tenant #2 paced and woke another tenant. When staff attempted to redirect, Tenant #2 grabbed Staff L's left arm and made a quick gesture like he/she would hit her. An hour later Tenant #2 was sexually inappropriate to Staff L. Tenant #2 became angry when redirected and went to his/her room.</p> <p>When interviewed on 1/9/18 at 3:20 p.m. Tenant #6 reported feeling safer since Tenant #2 left the Program.</p> <p>When interviewed on 1/10/18 at 3:40 p.m. Tenant #7 reported being frightened when Tenant #2 would "spout off" at meal time. Tenant #7 reported seeing Tenant #2 raise a fist at others.</p> <p>When interviewed on 1/9/18 at 9:35 a.m. Staff E reported Tenant #2 punched two tenants living at</p>	A 015		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 015	<p>Continued From page 3</p> <p>the Program. She believed other tenants were afraid of Tenant #2 due to his/her verbal aggression.</p> <p>When interviewed on 1/10/18 at 3:05 p.m. Staff I reported Tenant #2 was "always kind of agitated." Staff I explained staff would watch to make sure no residents came around when Tenant #2 was upset, "so they wouldn't get the brunt of it." Staff I stated Tenant #2 was verbally aggressive two to three times per day and physically aggressive a few times a week, with the aggression evenly divided between other tenants of the Program and staff.</p> <p>When interviewed on 1/10/18 at 1:20 p.m. Staff O reported Tenant #2 was "okay" when admitted to the Program, but had a steady regression and became angry about everything. Tenant #2 squeezed Staff O's arm hard on one occasion. Staff O reported prior to discharge, Tenant #2 would yell about every other day. Staff O reported tenants were afraid of Tenant #2.</p> <p>When interviewed on 1/10/18 at 2:35 p.m. Staff B, who served as the Director of the Program until 10/30/17, reported initially Tenant #2 did not hurt other tenants, but would "get loud." Staff B recalled once Tenant #2 pushed or smacked one of the staff and recalled a time Tenant #2 "lashed out." Staff B stated they did not feel Tenant #2 received the correct medications, hence the need for a geriatric psychiatric evaluation. They thought with the correct medications, Tenant #2's behavior would improve. Staff B reviewed a list of incident reports and progress notes regarding Tenant #2 and stated Tenant #2 "had a couple of bad days." Staff B explained she let the nurse make decisions regarding aggressive behavior. Her approach was to "give the benefit of the</p>	A 015		
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 015	<p>Continued From page 4 doubt."</p> <p>2. Record review revealed Tenant #3's diagnoses included dementia. A cognitive assessment, completed on 9/12/17, scored Tenant #3 a three on the GDS.</p> <p>Continued record review revealed the following:</p> <p>a. Progress notes documented on 11/27/17 Tenant #3 became upset as another tenant collected bingo cards. Tenant #3 pushed the tenant, who stumbled into three chairs and almost fell. The affected tenant reported the incident to staff.</p> <p>b. Three incident reports were completed for Tenant #3 on 12/7/17:</p> <p>At 7:15 p.m. Tenant #3 yelled at and attacked Staff M while she walked with another tenant, yelling that Staff M abused the other tenant. Staff attempted to redirect Tenant #3 so the door to the whirlpool could be closed. Tenant #3 then kicked at the door. When staff attempted to redirect the tenant, he/she began hitting staff with a purse.</p> <p>At 7:30 p.m. Tenant #3 entered another tenant's room. Staff asked him/her to leave, as did the tenant whose apartment it was. Tenant #3 refused to leave until staff left the apartment.</p> <p>At 7:35 p.m. Tenant #3 followed staff and another tenant as they went to that tenant's apartment. Staff attempted to redirect Tenant #3, but he/she blocked staff from shutting the door. When staff attempted to redirect Tenant #3, he/she grabbed staff's arm and yelled staff abused the other tenant. When another staff came to assist,</p>	A 015		
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 015	<p>Continued From page 5</p> <p>Tenant #3 became combative and began kicking, punching, and biting staff.</p> <p>c. A progress note, dated 12/8/17, documented at 6:00 p.m., during supper, Tenant #3 became upset and yelled at another tenant. When redirected, Tenant #3 continued to yell and threaten the tenant.</p> <p>Interview with Staff K on 1/10/18 at 1:02 p.m. revealed Tenant #3 yelled at tenants' families and at other tenants about twice per week.</p> <p>3. Record review revealed Tenant #4's diagnoses included Alzheimer's Disease and anxiety disorder. Tenant #4 had a score of four on the GDS based on a cognitive assessment completed on 8/11/17. Tenant #4 resided on the memory care unit at the Program.</p> <p>Continued record review revealed the following:</p> <p>a. According to a progress note, documented on 11/24/17, Tenant #4 punched staff in the stomach and yelled at staff as they attempted to assist another tenant.</p> <p>b. A progress note documented on 12/3/17 at 6:40 p.m. staff assisted another tenant to his/her apartment. Tenant #4 followed and attempted to gain access to the apartment. When redirected, Tenant #4 became upset, grabbed the other tenant's walker and attempted to pull it away from the tenant and staff. Tenant #4 insisted he/she would care for the other tenant.</p> <p>c. An incident report also from 12/4/17 at 6:00 p.m. documented Tenant #4 grabbed another tenant's wheelchair and shoved the tenant and</p>	A 015		
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 015	<p>Continued From page 6</p> <p>wheelchair into the wall as the other tenant yelled for help.</p> <p>d. An incident report, dated 12/12/17 at 5:00 p.m., documented Tenant #4 wandered into other tenants' rooms.</p> <p>Another incident report on 12/12/17 at 5:05 p.m. documented Tenant #4 continued to wander into other tenants' room. When redirected by staff, Tenant #4 attempted to put his/her hand down staff's pants.</p> <p>e. An incident report, dated 12/17/17 at 9:00 a.m., documented Tenant #4 threw a cocoa cup at another tenant as they entered the dining room.</p> <p>f. An incident report, dated 12/27/17 at 5:18 p.m., documented Tenant #4 found entering another tenant's room became agitated when redirected.</p> <p>g. An incident report dated 12/29/17 at 5:45 p.m. documented Tenant #4 agitated and attempted to take another tenant's walker away, almost causing the tenant to fall. Tenant #4 became aggressive as staff stabilized the other tenant and continued to escort them to their apartment.</p> <p>When interviewed on 1/8/18 at 2:35 p.m. RN A reported Tenant #4 "just gets in some of those moods," when asked about Tenant #4's behavior.</p> <p>Record review revealed Resident Bill of Rights, revised 8/2016, included freedom from abuse and restraints. The bill of rights indicated, "You will be free from physical, sexual, or mental abuse..."</p>	A 015		
A 037	481-69.22(2) Evaluation of Tenant	A 037		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 037	<p>Continued From page 7</p> <p>481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to complete evaluations of tenants as warranted with significant change. This affected 1 of 5 tenants reviewed (Tenant #3). Findings follow:</p> <p>1. Record review revealed Tenant #3's service assessment, dated 9/12/17, indicated he/she would bathe one to two times per week. It also stated if Tenant #3 didn't want to shower, it was his/her choice, and he/she would wash up at the sink. No reference was made to Tenant #3 refusing showers.</p> <p>Interview with Staff D on 1/9/18 at 10:35 a.m. revealed Tenant #3 refused showers for about the last two weeks and often wore the same clothes</p>	A 037		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 037	<p>Continued From page 8</p> <p>for two to three days. Staff D stated Tenant #3 sometimes had an odor.</p> <p>Interview with Staff E on 1/9/18 at 9:35 a.m. revealed Tenant #3 often refused cares. Staff E stated she couldn't think of the last time Tenant #3 agreed to take a shower.</p> <p>Interview with Staff I on 1/10/18 at 3:05 p.m. revealed Tenant #3 would not allow staff to complete personal cares and often yelled at staff about it.</p> <p>Interview with Staff O on 1/10/18 at 1:20 p.m. revealed Tenant #3 routinely refused care.</p> <p>2. Further review of Tenant #3's record revealed increased aggression and wandering behaviors in November and December 2017, including the following incidents:</p> <p>a. On 11/19/17 Tenant #3 swung a glass at staff and grabbed staff in an incident in the program dining room which lasted for approximately 20 minutes.</p> <p>b. On 11/27/17 another tenant collected bingo cards. Tenant #3 did not want the tenant to collect his/her card and pushed the tenant, who then stumbled into three chairs.</p> <p>c. An incident report documented on 12/7/17 at 7:15 p.m. Tenant #3 attacked Staff M when she walked with another tenant. Tenant #3 then kicked at a door and swung a purse at staff.</p> <p>d. An incident report documented on 12/7/17 at 7:30 p.m. Tenant #3 entered another tenant's room and refused to leave until staff left with him/her.</p>	A 037		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 037	<p>Continued From page 9</p> <p>e. An incident report documented on 12/7/17 at 7:35 p.m., Tenant #3 entered yet another tenant's apartment and refused to leave. When staff attempted to redirect Tenant #3, he/she became combative and began to kick, punch, and bite staff.</p> <p>f. On 12/14/17 a progress note documented Tenant #3 yelled at staff.</p> <p>h. On 12/15/17 a progress note documented Tenant #3 yelled at staff.</p> <p>i. An incident report, dated 12/28/17, noted Tenant #3 yelled at staff regarding missing glasses, and then attempted to hit staff.</p> <p>j. A progress note, dated 12/29/17, documented Tenant #3 yelled at staff.</p> <p>Continued record review revealed no new evaluations completed to address the changes in Tenant #3's condition (increased aggressive behavior).</p> <p>When interviewed on 1/16/18 at 3:01 p.m., the Registered Nurse (RN) confirmed the Program failed to complete evaluations when Tenant #3's condition changed. The RN stated updated evaluations were not completed as she was not sure if Tenant #3 would be moving to the memory care unit or not. She decided to wait to complete new evaluations until this decision was made by Tenant #3's family.</p>	A 037		
A 040	481-69.23(1)c(1) Criteria for Admission/Retention of Tenants	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 10</p> <p>481-69.23(231C) Criteria for admission and retention of tenants.</p> <p>69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:</p> <p>c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who:</p> <p>(1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the Program failed to identify and discharge tenants who displayed chronically aggressive or abusive behavior, despite intervention, which compromised the safety and security of tenants residing at the Program. This pertained to 4 of 4 tenants reviewed who chronically displayed verbal and/or physical aggression (Tenants #2, #3, #4 and #5).</p> <p>Findings follow:</p> <p>1. Record review revealed Tenant #2's diagnoses included dementia and diabetes. A cognitive assessment, completed 11/6/17, scored Tenant #2 at a five (5) on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline.</p> <p>Continued record review revealed a physician's visit form, dated 8/24/17, noted Tenant #2 was territorial and became agitated toward other residents when they were in the common living area or near the chair or sitting in the chair he/she called his/hers. Tenant #2 would yell or shove other residents. Tenant #2 often looked for</p>	A 040		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 11</p> <p>his/her car and would become agitated when unable to go out the front door alone and had pushed/shoved staff. Tenant #2 usually spent his/her time in the common area, rather than his/her apartment and the nurse believed this resulted in behaviors.</p> <p>Further record review revealed the following documented in progress notes since 9/1/17:</p> <p>a. On 9/5/17 at 6:30 a.m. progress notes documented Tenant #2 "very aggressive to staff wanted coffee at 0230, very strong outburst."</p> <p>b. On 9/7/17 at 3:00 a.m. progress notes documented Tenant #2 was angry at staff because she offered lemonade.</p> <p>c. On 9/16/17 a progress note documented Tenant #2 was "very aggressive towards other residents."</p> <p>d. On 10/9/17 progress noted documented Tenant #2 became aggravated because the piano player played too loud. Tenant #1 swore at the piano player, ran up to him and threw a punch at him, missing him. Tenant #2 then grabbed the piano player by the throat and back of his neck, trying to choke him. Staff intervened and redirected Tenant #2 outside to help him/her calm.</p> <p>e. On 10/11/17 Registered Nurse B documented he spoke with Tenant #2's son, who took Tenant #2 to the physician due to agitation. An appointment was set with a psychiatrist and the physician declined to prescribe any new medications until that appointment. The progress note further noted Tenant #2 had a history of "behaviors and altercations." Tenant #2's service</p>	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 12</p> <p>plan was reviewed, and interventions added to move to another area when agitated or if there was loud music/noise that may increase his/her agitation.</p> <p>f. On 10/15/17 at 6:00 a.m. progress notes documented Tenant #2 was very agitated all night. Tenant #2 paced and woke another tenant. When staff attempted to redirect, Tenant #2 grabbed Staff L's left arm and made a quick gesture like he/she would hit her. An hour later Tenant #2 was sexually inappropriate to Staff L. Tenant #2 became angry when redirected and went to his/her room.</p> <p>g. On 10/23/17 at 2:15 a.m. progress notes documented Tenant #2 spit on the floor. When redirected by Staff L, Tenant #2 jumped up, raised a clenched fist, and displayed verbal aggression toward staff. When staff got up to leave the situation, Tenant #2 attempted to attack staff by pushing, punching and swinging a fist at them. Another staff had to step in to redirect Tenant #2's behavior.</p> <p>h. On 10/25/17 at 6:00 a.m. progress notes documented Tenant #2 became agitated when redirected to sleep in his/her apartment.</p> <p>i. On 10/26/17 at 4:03 a.m. progress notes documented Tenant #2 became upset during medication administration. When he/she walked away, he/she turned around and punched a staff with a closed fist. The CMA redirected the behavior.</p> <p>j. On 10/26/17 at 4:30 p.m. progress notes documented a Nurse Review, due to Tenant #2's geriatric psychiatry appointment that day. The Advanced Registered Nurse Practitioner (ARNP)</p>	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 13</p> <p>ordered medication changes, including discontinuation of Donepezil (used to treat Alzheimer's disease and dementia) and ordered Rivastigmine patch (used to treat confusion), Risperidone (anti-psychotic), and Depakene, rather than Depakote. RN A documented the immediate goal was to reduce the aggressive behavior that endangered the tenant and others. RN A recommended reducing exposure to excess stimuli (loud music, crowds) as it may trigger behaviors. RN A noted Tenant #2's behaviors were reflected in the current service plan and indicated no changes were noted.</p> <p>k. On 11/3/17 at 2:30 a.m. progress notes documented Tenant #2 had been up all night, aggravated. Staff attempted to console him/her. Tenant #2 paced all night and was combative with staff.</p> <p>l. On 11/4/17 at 1:00 p.m. progress notes documented another tenant reported Tenant #2 punched him/her twice and shoved him/her so hard he/she fell to the ground. The other tenant, Tenant #1, was taken to the hospital via ambulance. Tenant #1 was diagnosed with an acute one centimeter subdural hematoma in the left parietal convexity with mass effect on the adjacent brain, as well as a one centimeter intraparenchymal hematoma in the medial right frontal lobe, according to hospital records. Tenant #1 did not return to the Program. Tenant #1 stayed at University of Iowa Hospitals and Clinics from 11/4/17 - 11/27/17, when he/she was discharged to a skilled nursing facility where he/she later expired. Tenant #1's certificate of death documented he/she expired 12/1/17 and indicated an immediate cause of death as subdural hemorrhage with brain herniation.</p>	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BICKFORD COTTAGE MUSCATINE **2807 CEDAR ST**
MUSCATINE, IA 52761

(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 040	<p>Continued From page 14</p> <p>Record review revealed the Program provided Tenant #2 with a 30-day discharge notice on 11/6/17, due to exceeding level of care.</p> <p>When interviewed on 1/9/18 at 3:20 p.m. Tenant #6 reported feeling safer since Tenant #2 left the program.</p> <p>When interviewed on 1/10/18 at 3:40 p.m. Tenant #7 reported being frightened when Tenant #2 would "spout off" at meal time. Tenant #7 reported seeing Tenant #2 raise a fist at others.</p> <p>When interviewed on 1/9/18 at 9:35 a.m. Staff E reported Tenant #2 punched two tenants living at the program. She believed other tenants were afraid of Tenant #2 due to his/her verbal aggression. Staff E reported Tenant #2 was verbally or physically aggressive one to two times per week and would often raise a fist at staff.</p> <p>When interviewed 1/9/18 at 2:40 p.m. Staff H reported being afraid of Tenant #2.</p> <p>When interviewed on 1/10/18 at 3:05 p.m. Staff I reported Tenant #2 was "always kind of agitated." Staff I explained staff would watch to make sure no residents came around when Tenant #2 was upset, "so they wouldn't get the brunt of it." Staff I stated Tenant #2 was verbally aggressive two to three times per day and physically aggressive a few times a week, with the aggression evenly divided between other tenants of the program and staff.</p> <p>When interviewed on 1/10/18 at 1:02 p.m. Staff K reported Tenant #2 had a tendency to be physically aggressive, including hitting, pushing and punching staff. Staff K estimated Tenant #2 was aggressive about twice per week.</p>	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 15</p> <p>When interviewed on 1/12/18 at 4:50 p.m. Staff M reported Tenant #2 had been "very aggressive" for 2-3 weeks prior to the incident which occurred on 11/4/17, doing things like screaming at people and trying to hit people. Staff M reported Tenant #2 had been very aggressive earlier in the day on 11/4/17. Staff M reported when Tenant #2 was aggressive, staff would contact the RN to notify her of the behavior.</p> <p>When interviewed on 1/10/18 at 1:35 p.m. Staff N reported Tenant #2 was verbally aggressive once per day, adding Tenant #2 was very confused and very territorial. Staff N believed Tenant #2 was physically aggressive at least three times per week.</p> <p>When interviewed on 1/10/18 at 1:20 p.m. Staff O reported Tenant #2 was "okay" when admitted to the program, but had a steady regression and became angry about everything. Tenant #2 squeezed Staff O's arm hard on one occasion. Staff O reported prior to discharge, Tenant #2 would yell about every other day. Staff O reported staff and tenants were afraid of Tenant #2.</p> <p>When interviewed on 1/10/18 at 2:35 p.m. Staff B, who served as the Director of the Program until 10/30/17, reported initially Tenant #2 did not hurt other tenants, but would "get loud." Staff B recalled once Tenant #2 pushed or smacked one of the staff and recalled a time Tenant #2 "lashed out." Staff B stated they did not feel Tenant #2 received the correct medications, hence the need for a geriatric psychiatric evaluation. They thought with the correct medications, Tenant #2's behavior would improve. Staff B reviewed a list of incident reports and progress notes regarding</p>	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 16</p> <p>Tenant #2 and stated Tenant #2 "had a couple of bad days." Staff B explained she let the nurse make decisions regarding aggressive behavior. Her approach was to "give the benefit of the doubt."</p> <p>2. Record review revealed Tenant #3's diagnoses included dementia. A cognitive assessment, completed on 9/12/17, scored Tenant #3 a three on the GDS.</p> <p>Continued record review revealed the following:</p> <p>a. According to progress notes, on 11/18/17 at 2:20 p.m., Tenant #3 became aggressive when asked to step away from the door. Tenant #3 swung a glass of water at staff, grabbed and pushed staff. Tenant #3 yelled at staff, "You're abusing me." Staff documented they were able to get the glass from the tenant and calm him/her after 20 minutes.</p> <p>On 11/20/17 a progress note documented the Program notified the physician of the incident. The physician requested an updated medication list.</p> <p>b. On 11/21/17 a progress note documented medication changes for Tenant #3. Orders were given to discontinue fluoxetine and add Seroquel.</p> <p>c. Progress notes documented on 11/27/17 Tenant #3 became upset as another tenant collected bingo cards. Tenant #3 pushed the tenant, who stumbled into three chairs and almost fell. The affected tenant reported the incident to staff.</p> <p>The Program completed a nurse review after the</p>	A 040		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 17</p> <p>incident. The nurse notified the physician of the incident and noted Tenant #3 had recent medication changes on 11/20, due to behaviors.</p> <p>d. On 11/29/17 a progress note documented an order to increase Seroquel and add Xanax as needed.</p> <p>e. A progress note on 12/5/17 at 7:30 a.m. documented Tenant #3 screamed at staff when woken for a shower.</p> <p>g. A progress note on 12/7/17 at 12:45 p.m. documented discussion with Tenant #3's daughter and physician regarding recent behaviors. Tenant #3's medications were reviewed.</p> <p>h. Three incident reports were completed for Tenant #3 on 12/7/17:</p> <p>At 7:15 p.m. Tenant #3 yelled at and attacked Staff M while she walked with another tenant, yelling that Staff M abused the other tenant. Staff attempted to redirect Tenant #3 so the door to the whirlpool could be closed. Tenant #3 then kicked at the door. When staff attempted to redirect the tenant, he/she began hitting staff with a purse.</p> <p>At 7:30 p.m. Tenant #3 entered another tenant's room. Staff asked him/her to leave, as did the tenant whose apartment it was. Tenant #3 refused to leave until staff left the apartment.</p> <p>At 7:35 p.m. Tenant #3 followed staff and another tenant as they went to that tenant's apartment. Staff attempted to redirect Tenant #3, but he/she blocked staff from shutting the door. When staff attempted to redirect Tenant #3, he/she grabbed staff's arm and yelled staff abused the other</p>	A 040		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 18</p> <p>tenant. When another staff came to assist, Tenant #3 became combative and began kicking, punching, and biting staff.</p> <p>The incident reports noted the physician notified of the incidents on 12/8/17.</p> <p>A progress note on 12/7/17 at 10:40 p.m. documented staff contacted Tenant #3's daughter at 7:25 p.m. Tenant #3's daughter came in at 7:45 p.m. and pulled the tenant away from staff. Tenant #3 attempted to bite, hit and kick staff. Tenant #3's daughter spent time with him/her and left at 10:00 p.m.</p> <p>i. A nurse review, documented in progress notes on 12/7/17, noted Tenant #3 had a history of becoming upset and agitated. Tenant #3's physician adjusted medications. When Tenant #3 became upset, staff were to talk to him/her quietly and in a calm manner. Staff could offer snacks or other food. Staff should contact Tenant #3's daughter as needed. No changes were made to the service plan.</p> <p>j. A progress note, dated 12/8/17, documented at 6:00 p.m., during supper, Tenant #3 became upset and yelled at another tenant. When redirected, Tenant #3 continued to yell and threaten the tenant.</p> <p>k. A progress note from the RN on 12/11/17 documented changes to Tenant #3's medications. The physician also recommended Tenant #3 reside in a memory unit.</p> <p>l. A progress note, dated 12/12/17, documented a referral made for a geriatric psychiatry consult.</p> <p>m. A progress note, dated 12/15/17, documented</p>	A 040		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 19</p> <p>Tenant #3 paced and looked for his/her daughter. When informed his/her daughter was not there, Tenant #3 became upset and yelled at staff, insisting his/her daughter was there.</p> <p>n. An incident reported dated 12/28/17, noted Tenant #3 yelled at staff regarding missing glasses and then attempted to hit staff.</p> <p>A progress note dated 12/29/17 at 12:45 p.m., follow up to the incident on 12/28/17, documented Tenant #3's glasses were found and he/she wore them. Tenant #3 remained slightly agitated, per the note.</p> <p>o. A progress note on 12/29/17 documented Tenant #3 yelled at staff when they responded to his/her call light and stated someone came into his/her room and stole his/her belongings. Tenant #3 could not say what was missing. Staff attempted to reset the call light and Tenant #3 became more upset and yelled at staff to leave.</p> <p>p. A progress note, dated 1/4/17, documented Tenant #3 saw geriatric psychiatry for a consult. Medication changes were made.</p> <p>q. An additional progress note on 1/4/17 at 10:00 p.m. documented Tenant #3 paced and asked for his/her daughter. Tenant #3 became upset with staff when informed his/her daughter was not there. Staff administered PRN (as needed) Xanax for agitation, with effectiveness. Staff later saw Tenant #3 walking up the hall with another tenant. The other tenant reported Tenant #3 came into his/her room and pulled his/her blankets off of her. Tenant #3 reported he/she thought his/her daughter slept in there. Staff redirected Tenant #3 and notified his/her daughter of the incident.</p>	A 040		
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 20</p> <p>Continued record review revealed a note from Tenant #3's physician, dated 12/29/17, indicated Tenant #3 needed "to be in a memory care unit and 1:1 supervision to prevent harm to [him/her] self and staff."</p> <p>When interviewed on 1/10/18 at 3:05 p.m. Staff I reported Tenant #3 would not allow staff to provide any cares and frequently yelled at staff.</p> <p>Interview with Staff K on 1/10/18 at 1:02 p.m. revealed Tenant #3 yelled at tenants' families and at other tenants about twice per week.</p> <p>When interviewed on 1/10/18 at 1:35 p.m. Staff N reported Tenant #3 could become very aggressive and paranoid. Tenant #3 often thought he/she was being poisoned. In the past month, Staff N believed Tenant #3 to be verbally aggressive three to four times per week.</p> <p>When interviewed on 1/8/18 at 2:35 p.m. RN A reported she questioned if this level of care was appropriate for Tenant #3. Tenant #3 had some good days and other days when he/she was very angry. The RN reported being hopeful Tenant #3's aggression would lessen following a medication change on 1/4/18.</p> <p>3. Record review revealed Tenant #4's diagnoses included Alzheimer's Disease and anxiety disorder. Tenant #4 had a score of four on the GDS based on a cognitive assessment completed on 8/11/17. Tenant #4 resided on the memory care unit at the Program.</p> <p>Continued record review revealed the following:</p>	A 040		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 21</p> <p>a. According to a progress note, documented on 11/24/17, Tenant #4 punched staff in the stomach and yelled at staff as they attempted to assist another tenant.</p> <p>b. A progress note documented on 12/3/17 at 6:40 p.m. staff assisted another tenant to his/her apartment. Tenant #4 followed and attempted to gain access to the apartment. When redirected, Tenant #4 became upset, grabbed the other tenant's walker and attempted to pull it away from the tenant and staff. Tenant #4 insisted he/she would care for the other tenant.</p> <p>c. An incident report, dated 12/4/17 at 1:00 p.m., documented Tenant #4 yelled at hospice staff not to take tenant charts as they reviewed them.</p> <p>d. An incident report also from 12/4/17 at 6:00 p.m. documented Tenant #4 grabbed another tenant's wheelchair and shoved the tenant and wheelchair into the wall as the other tenant yelled for help.</p> <p>e. A progress note on 12/5/17 documented staff follow up to Tenant #4's behaviors. The Program notified the physician of the increased behaviors and spoke with staff about divisional activities.</p> <p>f. A progress note on 12/7/17 documented an order received to add Seroquel to Tenant #4's medication regimen.</p> <p>g. An incident report, dated 12/12/17 at 5:00 p.m., documented Tenant #4 wandered into other tenants' rooms.</p> <p>Another incident report on 12/12/17 at 5:05 p.m. documented Tenant #4 continued to wander into other tenants' room. When redirected by staff,</p>	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 22</p> <p>Tenant #4 attempted to put his/her hand down staff's pants</p> <p>h. An incident report, dated 12/17/17 at 9:00 a.m., documented Tenant #4 threw a cocoa cup at another tenant as they entered the dining room.</p> <p>i. An incident report, dated 12/27/17 at 5:18 p.m., documented Tenant #4 found entering another tenant's room became agitated when redirected.</p> <p>j. An incident report dated 12/29/17 at 5:45 p.m. documented Tenant #4 agitated and attempted to take another tenant's walker away, almost causing the tenant to fall. Tenant #4 became aggressive as staff stabilized the other tenant and continued to escort them to their apartment.</p> <p>When interviewed on 1/10/18 at 3:05 p.m. Staff I reported Tenant #4 would scream and hit.</p> <p>Interview with Staff K on 1/10/18 at 1:02 p.m. revealed Tenant #4 would mistake another tenant for his/her spouse and became aggressive when they were kept apart. Staff K reported this happened on a daily basis.</p> <p>When interviewed on 1/8/18 at 2:35 p.m. RN A reported Tenant #4 "just gets in some of those moods," when asked about Tenant #4's behavior.</p> <p>4. Record review revealed Tenant #5's diagnoses included dementia. A cognitive assessment, completed 11/2/17, scored Tenant #5 at a five on the GDS, which indicated moderate cognitive impairment.</p> <p>Continued record review revealed the following:</p>	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 23</p> <p>a. A progress note, dated 10/17/17, documented Tenant #5 became aggressive with staff, kicking them, when staff attempted to complete vitals and give meds after a fall.</p> <p>b. A progress note, dated 10/22/17, indicated Tenant #5 kicked, pinched and threw punches at staff.</p> <p>c. A progress note, dated 10/23/17, documented staff notified the physician of Tenant #5's increased behaviors. Another entry on 10/23/17 noted the physician ordered medication changes.</p> <p>d. A progress note, dated 10/29/17 documented Tenant #5 refused all cares. Tenant #5 spit at staff, bit them, and fought them.</p> <p>e. A progress note, dated 10/30/17, documented Tenant #5 refused cares and swung at staff when they attempted to help her.</p> <p>f. A nurse review, documented in progress notes on 11/2/17, indicated Tenant #5 moved to the memory care unit due to decreased cognition and functional status.</p> <p>g. Progress notes documented on 11/13/17 Tenant #5 refused to have vitals taken and pinched, kicked, and threw punches at staff.</p> <p>h. A progress note, dated 11/15/17, documented Tenant #5 threw punches at staff when approached to use the restroom. Staff informed Tenant #5 he/she was wet and needed assistance and the tenant began to pinch at staff, not letting them assist him/her.</p> <p>i. A progress note documented on 11/25/17 at 10:30 a.m., Tenant #5 hit, slapped staff in the</p>	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 24</p> <p>face, punched and tried to bite staff multiple time when prompted to get up due to incontinence. Tenant #5 called staff multiple names and told them he/she hated them.</p> <p>j. A progress note on 11/26/17 documented Tenant #5 tried to kick staff when they attempted to assist him/her after he/she was incontinent of bowel. Staff were able to get Tenant #5 to go to the restroom and assist him/her with changing; however, Tenant #5 struck staff about the face several times.</p> <p>k. An incident report, dated 12/5/17 at 3:30 p.m., documented Tenant #5 opened other Tenant's doors attempting to locate his/her spouse. When Tenant #5 was redirected, Tenant #5 attempted to hit another tenant with his/her walker.</p> <p>l. An incident report, dated 12/12/17, indicated when staff assisted Tenant #5 to the restroom, he/she pinched, squeezed staff's hands, smacking, and pinching staff.</p> <p>m. An incident report, dated 12/15/17, documented Tenant #5 became aggressive toward two staff, pinching, biting, pulling hair, slapping and screaming at them when they attempted to assist him/her in getting ready for bed.</p> <p>n. According to an incident report, on 12/17/17 at 8:00 a.m. Tenant #5 punched, kicked, spit at staff and called them names when they attempted to prompt him/her to the restroom. Staff continued to approach Tenant #5 throughout the morning to prompt him/her until he/she was dressed and on his/her way to breakfast. Each time staff approached, Tenant #5 reacted with punching, spitting, and name calling.</p>	A 040		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 040	<p>Continued From page 25</p> <p>o. According to progress notes on 12/18/17 Tenant #5 attempted to hit, spit and bite staff when they prompted him/her to prepare for bed.</p> <p>p. A progress note on 12/19/17 documented follow up to Tenant #5's behavior on 12/15/17. The note indicated staff were instructed to redirect Tenant #5 when agitated, and use PRN Ativan as needed.</p> <p>When interviewed on 1/9/18 at 10:35 a.m. Staff D reported Tenant #5 usually required two staff members present when assisting him/her so Tenant #5 didn't hurt staff. Tenant #5 frequently smacked, kicked and pinched staff.</p> <p>Interview with Staff E on 1/9/18 at 9:35 a.m. revealed it generally took two staff to help Tenant #5 with cares; one person would distract Tenant #5 so the tenant wouldn't hit, while the other staff person changed Tenant #5's brief. Staff E reported this occurred about three times per week.</p> <p>When interviewed on 1/10/18 at 3:05 p.m. Staff I reported Tenant #5 would yell, flick, bite, or smack at her each time she attempted to help Tenant #5 with personal cares.</p> <p>Interview with Staff J on 1/10/18 at 10:55 a.m. revealed Tenant #5 threw his/her walker, kicked and spit about two to three times per week.</p> <p>When interviewed on 1/10/18 at 1:02 p.m. Staff K reported Tenant #5 became agitated when it was time to get up or go to bed. Tenant #5 would hit, punch, kick, bite or scream at staff. Staff K reported this happened about three times per week.</p>	A 040		
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 089	<p>481-69.26(4)a Service Plans</p> <p>481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>a. The tenant's identified needs and preferences for assistance</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure service plans adequately identified tenant needs for assistance with aggressive behavior. This pertained to 2 of 5 tenant files reviewed (Tenant #2 and Tenant #3). Findings follow:</p> <p>1. Record review revealed the following documented in progress notes since 9/1/17:</p> <p>a. On 9/5/17 at 6:30 a.m. progress notes documented Tenant #2 "very aggressive to staff wanted coffee at 0230, very strong outburst."</p> <p>b. On 9/7/17 at 3:00 a.m. progress notes documented Tenant #2 angry at staff because she offered lemonade.</p> <p>c. On 9/16/17 a progress note documented Tenant #2 "very aggressive towards other residents."</p> <p>d. On 10/9/17 progress noted documented Tenant #2 became aggravated because the piano player played too loudly. Tenant #1 swore at the piano player, ran up to him and threw a punch at him, missing him. Tenant #2 then grabbed the</p>	A 089		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 089	<p>Continued From page 27</p> <p>piano player by the throat and back of his neck, trying to choke him. Staff intervened and redirected Tenant #2 outside to help him/her calm.</p> <p>e. On 10/15/17 at 6:00 a.m. progress notes documented Tenant #2 was very agitated all night. Tenant #2 paced and woke another tenant. When staff attempted to redirect, Tenant #2 grabbed Staff L's left arm and made a quick gesture like he/she would hit her. An hour later Tenant #2 was sexually inappropriate to Staff L. Tenant #2 became angry when redirected and went to his/her room.</p> <p>g. On 10/23/17 at 2:15 a.m. progress notes documented Tenant #2 spit on the floor. When redirected by Staff L, Tenant #2 jumped up, raised a clenched fist, and displayed verbal aggression toward staff. When staff got up to leave the situation, Tenant #2 attempted to attack staff by pushing, punching, and swinging a fist at them. Another staff had to step in to redirect Tenant #2's behavior.</p> <p>h. On 10/25/17 at 6:00 a.m. progress notes documented Tenant #2 became agitated when redirected to sleep in his/her apartment.</p> <p>i. On 10/26/17 at 4:03 a.m. progress notes documented Tenant #2 became upset during medication administration. When he/she walked away, he/she turned around and punched a staff with a closed fist. The Certified Medication Aide (CMA) redirected the behavior.</p> <p>j. On 11/3/17 at 2:30 a.m. progress notes documented Tenant #2 had been up all night, aggravated. Staff attempted to console him. Tenant #2 paced all night and was combative with</p>	A 089		
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 089	<p>Continued From page 28</p> <p>staff.</p> <p>k. On 11/4/17 at 1:00 p.m., progress notes documented another tenant reported Tenant #2 punched him/her twice and shoved him/her so hard he/she fell to the ground.</p> <p>The other tenant, Tenant #1, was taken to the hospital via ambulance. Tenant #1 was diagnosed with an acute one centimeter subdural hematoma in the left parietal convexity with mass effect on the adjacent brain, as well as a one centimeter intraparenchymal hematoma in the medial right frontal lobe, according to hospital records. Tenant #1 did not return to the Program. Tenant #1 stayed at University of Iowa Hospitals and Clinics from 11/4/17 - 11/27/17, when he/she was discharged to a skilled nursing facility where he/she later expired. Tenant #1's certificate of death documented he/she expired 12/1/17 and indicated an immediate cause of death as subdural hemorrhage with brain herniation.</p> <p>m. A progress note, dated 11/15/17, documented Tenant #2 was very agitated and loud. Tenant #2 had been confrontational with other tenants and staff.</p> <p>n. A progress note written on 11/16/17 documented Tenant #2 was very upset and irritated. Tenant #2 got into an argument with another tenant which escalated into a fight. Tenant #2 pushed the other resident.</p> <p>Continued record review revealed Tenant #2's service plans.</p> <p>a. The service plan, dated 8/9/17, completed as a six month assessment indicated Tenant #2 required verbal reminders, redirection when</p>	A 089		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 089	<p>Continued From page 29</p> <p>his/her behavior was inappropriate. The service plan further noted, Tenant #2 would look for his/her home and/or car and staff should walk with the tenant outside so he/she could see and then redirect back in. The service plan directed staff to offer Tenant #2 a cup of coffee or put in a western movie with a bag of popcorn. The plan noted a geriatric psychiatry appointment scheduled for 8/24/17 to address behaviors. Staff were to notify the Registered Nurse Coordinator of any altercations with other residents. According to the service plan, Tenant #2 was territorial and would get upset if other residents were in what he/she considered his/her area or chair. When this occurred, staff were to offer a cup of coffee, a snack, or a walk.</p> <p>On 10/11/17, after Tenant #2 attacked the piano player, the Program added, "If (Tenant #2) is agitated and there is going to be loud noise/music staff to attempt to have (Tenant #2) move to a different area before this happens..."</p> <p>The service plan failed to reflect Tenant #2's aggression towards staff and/or other tenants outside of the living room, despite multiple incidents.</p> <p>b. The service plan, dated 11/6/17, completed due to change in condition indicated Tenant #2 required specialized interventions to manage inappropriate behavior. The service plan further noted, Tenant #2 would look for his/her home and/or car and staff should walk with the tenant outside so he/she could see and then redirect back in. The service plan directed staff to offer Tenant #2 a cup of coffee or put in a western movie with a bag of popcorn. The plan noted Tenant #2 had geriatric psychiatry appointment 10/26/17 to address behaviors and medication</p>	A 089		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 089	<p>Continued From page 30</p> <p>changes were made. Staff were to notify the Registered Nurse Coordinator of any altercations with other residents. According to the service plan, Tenant #2 was territorial and would get upset if other residents were in what he/she considered his/her area or chair. When this occurred, staff were to offer a cup of coffee, a snack, or a walk. Due to aggressive behavior with other residents, Tenant #2 had a private duty sitter when available as of 11/4/17; however, provided little guidance for when a sitter was not available.</p> <p>When interviewed on 1/16/18 at 3:01 p.m., Registered Nurse A confirmed Tenant #2's service only addressed aggression regarding his/her territorial tendencies. RN A explained after the incident with Tenant #1 on 11/4/17, they did implement a 1:1 personal sitter. The Program had difficulty getting staff right away, but after a few days they were able to provide 1:1 supervision.</p> <p>2. a. Continued record review revealed the following:</p> <p>a. According to progress notes, on 11/18/17 at 2:20 p.m., Tenant #3 became aggressive when asked to step away from the door. Tenant #3 swung a glass of water at staff, grabbed and pushed staff. The tenant yelled at staff, "You're abusing me." Staff documented they were able to get the glass from the tenant and calm him/her after 20 minutes.</p> <p>b. Progress notes documented on 11/27/17, Tenant #3 became upset as another tenant collected bingo cards. Tenant #3 pushed the tenant, who stumbled into three chairs and almost fell. The affected tenant reported the incident to</p>	A 089		
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 089	<p>Continued From page 31</p> <p>staff.</p> <p>c. A progress note n 12/5/17 at 7:30 a.m. documented Tenant #3 screamed at staff when woken for a shower.</p> <p>d. Three incident reports were completed for Tenant #3 on 12/7/17:</p> <p>At 7:15 PM, Tenant #3 yelled at and attacked Staff M while she walked with another tenant, yelling that Staff M abused the other tenant. Staff attempted to redirect Tenant #3 so the door to the whirlpool could be closed. Tenant #3 then kicked at the door. When staff attempted to redirect the tenant, he/she hit staff with a purse.</p> <p>At 7:30 PM, Tenant #3 entered another tenant's room. Staff asked her to leave, as did the tenant whose apartment it was. Tenant #3 refused to leave until staff left the apartment.</p> <p>At 7:35 PM, Tenant #3 followed staff and another tenant as they went to that tenant's apartment. Staff attempted to redirect Tenant #3, but he/she blocked staff from shutting the door. When staff attempted to redirect Tenant #3, grabbed staff's arm and yelled staff abused the other tenant. When another staff came to assist, Tenant #3 became combative and began kicking, punching and biting staff. Progress notes from 12/14/17 indicated Tenant #3 yelled at staff. Progress notes from 12/15/17, stated Tenant #3 yelled at staff.</p> <p>A progress note on 12/7/17 at 10:40 p.m. documented staff contacted Tenant #3's daughter at 7:25 p.m. Tenant #3's daughter came in at 7:45 p.m. and pulled the tenant away from staff. Tenant #3 attempted to bite, hit and kick staff.</p>	A 089		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 089	<p>Continued From page 32</p> <p>Tenant #3's daughter spent time with him/her and left at 10:00 p.m.</p> <p>e. A progress note, dated 12/8/17, documented at 6:00 p.m., during supper, Tenant #3 became upset and yelled at another tenant. When redirected, Tenant #3 continued to yell and threaten the tenant.</p> <p>f. A progress note, dated 12/15/17, documented Tenant #3 paced and looked for his/her daughter. When informed his/her daughter was not there, Tenant #3 became upset and yelled at staff, insisting his/her daughter was there.</p> <p>g. An incident reported dated 12/28/17, noted Tenant #3 yelled at staff regarding missing glasses and then attempted to hit staff.</p> <p>h. A progress note on 12/29/17 documented Tenant #3 yelled at staff when they responded to his/her call light and stated someone came into his/her room and stole his/her belongings. Tenant #3 could not say what was missing. Staff attempted to reset the call light and Tenant #3 became more upset and yelled at staff to leave.</p> <p>i. A progress note on 1/4/17 at 10:00 p.m. documented Tenant #3 paced and asked for his/her daughter. Tenant #3 became upset with staff when informed his/her daughter was not there. Staff administered PRN (as needed) Xanax for agitation, with effectiveness. Staff later saw Tenant #3 walking up the hall with another tenant. The other tenant reported Tenant #3 came into his/her room and pulled his/her blankets off of her. Tenant #3 reported he/she thought his/her daughter slept in there. Staff redirected Tenant #3 and notified his/her daughter of the incident.</p>	A 089		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 089	<p>Continued From page 33</p> <p>Continued record review revealed Tenant #3's service plan, dated 9/12/17, indicated Tenant #3 had a history of becoming upset and staff were to attempt to talk to Tenant #3 in a calm manner and walk away if appropriate. Tenant #3's service plan was not updated to reflect aggressive behavior.</p> <p>b. Record review revealed Tenant #3's service plan, dated 9/12/17, indicated he/she would bathe one to two times per week. It also stated if Tenant #3 didn't want to shower, that was his/her choice and he/she would wash up at the sink. No reference was made to Tenant #3 refusing showers.</p> <p>Interview with Staff D on 1/9/18 at 10:35 a.m. revealed Tenant #3 had refused showers for "about two weeks." Tenant #3 often wore the same clothes for two or three days. Staff D stated Tenant #3 sometimes had an odor.</p> <p>Interview with Staff E on 1/9/18 at 9:35 a.m. revealed Tenant #3 often refused cares. Staff E stated she couldn't recall the last time Tenant #3 took a shower.</p> <p>Interview with Staff I on 1/1/18 at 3:05 p.m. revealed Tenant #3 wouldn't let staff do any personal cares and yelled at staff about it.</p> <p>Interview with Staff O on 1/10/18 at 1:20 p.m. revealed Tenant #3 routinely refused care.</p> <p>When interviewed on 1/16/18 at 3:01 p.m., Registered Nurse (RN) A confirmed Tenant #3's service plan had not been updated to reflect his/her current needs. Tenant #3's service plan</p>	A 089		
-------	---	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE MUSCATINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2807 CEDAR ST MUSCATINE, IA 52761
---	---

(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 089	Continued From page 34 was not updated as RN A was unsure if Tenant #3 would be moving to the memory care unit and wanted to wait to make the update until this decision was made.	A 089		
-------	---	-------	--	--

OK
3/20/18

✓
3/20/18

**Plan of Correction
Muscatine Bickford Cottage**

A 015—481-67.3(4) Tenant Rights

Regulatory Insufficiency: Program failed to consistently provide an environment free from mental and physical abuse, specifically tenant to tenant abuse.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Resident #2 no longer resides at Bickford.
- Resident #3 was assessed by the physician on 1/4/18 and continues to be followed by the physician as needed. RNC directs/delegates resident's care per physician's order.
- Medication adjustments were initiated for Resident #3, directed by the RN Coordinator, per physician order.
- Resident #3 was transferred to a Specialized Dementia Care unit within the facility. RN Coordinator will monitor and assess for significant change as needed.
- Resident #3 was provided a Level of Care Discharge Notice on 3/6/18.
- Resident #4 was provided a Level of Care Discharge Notice on 3/5/18.

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

- Divisional Director of Resident Services provided re-education to the Director and RNC on Resident Bill of Rights and Communication Policy on 3/06/18.
- The Director/RNC will review Resident Bill of Rights with current residents during the Resident Council meeting on 3/07/18.
- The Director or RN Coordinator will ask residents monthly during Resident Council meetings for any concerns or issues.
- Director will re-educate all staff members on the Resident Bill of Rights and the Communication Policy on 3/07/18 and 3/14/18. Those staff who are not in attendance shall be provided 1:1 education.
- RNC will reassess residents for interventions or appropriateness when their behaviors infringe on the rights of other residents.

The program will monitor performance to ensure compliance as follows:

- RNC will interview residents during the assessment process regarding any concerns/issues related to Resident Bill of Rights and report them to the Director for investigation and follow up.

Date deficiencies corrected by: 03/08/18

A037—481-69.22(2) Evaluation of Tenant

Regulatory Insufficiency: Program failed to complete evaluations of tenant as warranted with significant change.

Plan of Correction:

The insufficiencies will be corrected as follows:

- RNC completed a Nursing Assessment, Service Assessment, Cognitive Assessment and a Service Plan update for Resident #3 on 2/12/18.
- Divisional Director of Resident Service provided RNC re-education on Assessment Policy, Nurse Review Policy, Service Planning and Documentation Policy on 3/06/18.

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

- RNC will review Task Sheets, Incident/Accident Reports and Communication Book and observe residents for significant changes and complete evaluations as needed.
- Divisional Director of Resident Services will conduct weekly calls with the RNC to review resident Incident/Accident reports and potential need for significant change evaluations.

The program will monitor performance to ensure compliance as follows:

- Divisional will audit resident records at least twice per year during onsite visits and as needed to ensure that residents who have significant changes are evaluated.

Date deficiencies corrected by: 03/08/18

A040—481-69.23(1)c(1) Criteria for Admission/Retention of Tenants

Regulatory Insufficiency: Program failed to identify and discharge tenants who displayed chronically aggressive or abusive behavior, despite intervention, which compromised the safety and security of tenants residing at the Program.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Resident #2 no longer lives at Bickford.
- Resident #3 was provided a Level of Care Discharge Notice on 3/6/18.
- Resident #4 was provided a Level of Care Discharge Notice on 3/5/18.
- Resident #5 was provided a Level of Care Discharge Notice on 3/5/18.

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

- Divisional Director of Resident Services provided re-education to the Director and RNC on the criteria for admission and retention on 3/06/18.
- All staff members will be provided education on residents who are appropriate for ALPs by RNC on 3/07/18 or 3/14/18. Those staff who are not in attendance shall be provided 1:1 education.
- RNC will assess all residents prior to move-in, and as needed, to ensure residents remain appropriate to meet admission and retention criteria.
- Divisional Director of Resident Services will review move-in assessments to determine admission criteria are met.
- Divisional Director of Resident Services will conduct weekly calls with the RNC to review resident Incident/Accident reports to ensure appropriate retention of residents.

The program will monitor performance to ensure compliance as follows:

- Divisional will audit resident records at least twice per year during onsite program visits and as needed to ensure residents remain appropriate for retention.

Date deficiencies corrected by: 03/08/18

A089—481-69.26(4)a Service plans

Regulatory Insufficiency: Program failed to ensure service plans adequately identified tenant needs for assistance with aggressive behavior.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Resident #2 no longer lives at Bickford.
- Resident #3 had evaluations completed and used to update and individualize their Service Plans to appropriately meet the resident's needs for assistance with aggressive behavior on 2/12/18.
- Resident #3 was provided a Level of Care Discharge Notice on 3/6/18.
- Divisional Director of Resident Service provided RNC re-education on Assessment Policy, Nurse Review Policy, Service Planning and Documentation Policy on 3/06/18.

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

- RNC will review Task Sheets, Incident/Accident Reports, Communication Book and observe residents for significant changes to initiate evaluations and utilize those to update the Service Plan to meet a resident's needs for assistance with aggressive behavior.
- Divisional Director of Resident Services will conduct weekly calls with the RNC to review resident Incident/Accident reports and potential need for evaluations and updates to the individual resident's Service Plan.

The program will monitor performance to ensure compliance as follows:

- Divisional will audit resident records at least twice per year during onsite program visits and as needed to ensure that resident's Service Plans meet their needs.

Date deficiencies corrected by: 03/08/18