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 FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2017
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NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE IOWA CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 LOWER W BRANCH RD IOWA CITY, IA 52245
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(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 Definition</p> <p>Number of tenants without cognitive disorder: 27 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 34</p> <p>TOTAL census of Assisted Living Program: 34</p> <p>A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. In addition to the recertification visit, Incident #64695-I was investigated. The following regulatory insufficiencies were identified:</p>	A 000	<p>See attached</p> <p>POC 3/15/17</p>	
A 118	<p>481-67.19(3) Record Checks</p> <p>481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks.</p> <p>67 19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to</p>	A 118		

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

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A 118	<p>Continued From page 1</p> <p>complete a criminal history background check by the Department of Public Safety (DPS) and child and dependent adult abuse registries check by the Department of Human Services (DHS) prior to employment for 3 of 7 staff files (Staff A, B and D) Findings follow:</p> <ol style="list-style-type: none"> Record review of Staff A's file revealed a hire date of 8-15-16. The Program completed a criminal history background check and abuse registries check on 8-25-16. Timecard records indicated Staff A received paid wages on 8-16-16. Record review of Staff B's file revealed a hire date of 9-12-16. The Program completed a criminal history background check and abuse registries check on 9-20-16. Timecard records indicated Staff B received paid wages on 9-27-16; however, Staff B completed training on food safety 9-15-16. Record review of Staff D's file revealed a hire date of 9-12-16. Staff D worked at another branch of the corporation (out of state) and transferred to the Program. Staff D's hire date at the previous branch was 4-1-15. Staff D had a Health Care Worker Background Check for Illinois that was provided. The Program failed to complete a criminal history background check completed by the DPS and abuse registries check completed by DHS from to employment at Bickford Cottage Iowa City. 	A 118		
A 121	<p>481-69.30(1) Dementia Specific Education for Personnel</p> <p>481-69.30(231C) Dementia-specific education for program personnel.</p> <p>69.30(1) All personnel employed by or</p>	A 121		

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A 121	<p>Continued From page 2</p> <p>contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to ensure staff completed eight hours of dementia-specific education and training within 30 days of employment for 2 of 7 staff files reviewed (Staff A and Staff B). Findings follow:</p> <ol style="list-style-type: none"> 1. According to the census information provided on the ALP Monitoring Entrance Form and the Program's census history, the Program was dementia specific by definition. 2. Record review of Staff A's file revealed Staff A hired 8-15-16. Staff A completed dementia training 9-29-16 and eight hours of dementia training 1-30-17. 3. Record review of Staff B's file revealed Staff B hired 9-12-16. Staff B completed eight hours of dementia training 1-28-17. 4. An interview with the Executive Director on 2-23-17 at approximately 3:42 p.m. indicated there was no additional dementia training documentation for the staff files reviewed. 	A 121		
A 125	<p>481-69.30(5) Dementia Specific Education for Personnel</p> <p>481-69.30(231C) Dementia-specific education for program personnel.</p>	A 125		

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A 125	<p>Continued From page 3</p> <p>69.30(5) Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to provide dementia-specific training, which included hands-on training, for 4 of 7 staff files reviewed (Staff B, C, D and E). Findings follow:</p> <ol style="list-style-type: none"> 1. According to the census information provided on the ALP Monitoring Entrance Form and the Program's census history, the Program was dementia specific by definition. 2. Record review of Staff B's file revealed Staff B hired 9-12-16. Further record review revealed no documentation of hands-on dementia-specific training. 3. Record review of Staff C's file revealed Staff C hired 1-11-17. Staff C received eight hours of dementia training on 1-11-17 and 1-12-17. Further record review revealed no documentation of hands-on dementia-specific training. 4. Record review of Staff D's file revealed Staff D hired 9-12-16. Staff D completed dementia training on 9-12-16 and eight hours of dementia-specific training on 1-20-17, 1-24-17 and 1-25-17. Further record review revealed no documentation to indicate Staff D received dementia-specific training that included hands-on training. 	A 125		
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A 125	<p>Continued From page 4</p> <p>5. Record review of Staff E's file revealed Staff E hired 1-25-17. Staff E completed eight hours of dementia training on 1-25-17 and 1-30-17. Further record review revealed no documentation to indicate Staff E received dementia-specific training that included hands-on training.</p> <p>6. An interview with the Executive Director on 2-23-17 at approximately 3:42 p.m. revealed there was no additional dementia training documentation for the staff files reviewed.</p>	A 125		

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**Plan of Correction
Iowa City Bickford Cottage**

A 118 Record Checks

Regulatory Insufficiency: The Program failed to complete a criminal history background check and dependent adult abuse registries check prior to employment for 3 of 7 staff files.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Background check on out- of- state employee (Staff D) was completed on 3/15/2017. There were no findings for any of the checks (criminal history, dependent adult abuse registry, sex offender registry, child abuse registry and nurse aid registry)

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

- The hiring process was reviewed with all management responsible for pre-hire paperwork on 2/24/2017 to ensure understanding of process and specifically the deadlines for record checks on new employees.

The program will monitor performance to ensure compliance as follows:

- Hiring process checklist was created on 2/24/2017 to ensure proper deadlines are met in regard to record checks. A note was entered on the hiring process to account for employee's transferring from out-of-state and the need to run a state-specific background check.

Date deficiencies corrected by: 3/15/2017

A 121 Dementia Specific Education for Personnel

Regulatory Insufficiency: The Program failed to ensure staff completed eight hours of dementia-specific education and training within 30 days of employment for 2 of 7 staff files reviewed.

Plan of Correction:

The insufficiencies will be corrected as follows:

- The eight-hour dementia-specific initial hire training deficit was discovered, for some employees, in December 2016. Those staff were then properly trained and completed the eight-hour dementia-specific training. This was completed for Staff A (1/30/17) and Staff B (1/28/17).

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

- The initial training process was reviewed with all management responsible for new hire paperwork on 2/24/2017 to ensure understanding of the process and specifically deadlines for eight-hour dementia-specific training.

The program will monitor performance to ensure compliance as follows:

- A hiring process checklist was created on 2/24/2017 to ensure proper deadlines are met in regard to eight-hour dementia-specific training.

Date deficiencies corrected by: 2/24/2017

A 125 Dementia Specific Education for Personnel

Regulatory Insufficiency: Program failed to provide dementia-specific training, which included hands-on training for 4 of the 7 staff files reviewed.

Plan of Correction

The insufficiencies will be corrected as follows:

- Staff B, C, D and E, along with all other current employees, were provided hands-on dementia-specific training at our 2/23/2017 staff in-service, as was previously scheduled.

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

- Hiring process was reviewed with all management responsible for new hire paperwork on 2/24/2017 to ensure understanding of process and specifically deadlines for hands-on dementia-specific training.

The program will monitor performance to ensure compliance as follows:

- A hiring process checklist was created on 2/24/2017 to ensure proper deadlines are met in regard to hands-on dementia-specific training.

Date deficiencies corrected by: 2/24/2017