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3/12/21

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0042	A. BUILDING: ______ B. WING ______	C 12/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE URBANDALE	5915 SUTTON PLACE URBANDALE, IA 50322

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A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 17 Number of tenants with cognitive disorder: 19 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 14 TOTAL census of Assisted Living Program for People with Dementia: 50 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. The following insufficiencies were cited during the investigation of Incident # No regulatory insufficiencies were cited during the onsite infection control survey completed 11-4-2020.	A 000	See Attached POC 5/29/20	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult	A 003		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 003	Continued From page 1 abuse. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and record review the Program failed to provide services in accordance with the training provided. This pertained to 4 of 4 staff reviewed (Staff B, Staff C, Staff D, and Staff E) as a result of investigation 91964-I. Findings follow: 1. Record review on 11-4-2020 revealed the following: a. Tenant #1 resided in a dedicated dementia assisted living program and staged five (5) on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #1's Service Plan, dated 1-16-2020, indicated she required a staff escort to all meals and activities due to cognitive impairment. The service plan also indicated she required interventions and redirection for wandering and wore a safety monitoring device due to diagnosis of dementia. b. An incident report, dated 4-2-2020, documented Tenant #1 eloped out the front door, left the facility, and staff picked her up. The staff were directed to implement 10 minutes checks on Tenant #1 until morning. c. Police incident report, dated 4-2-2020,	A 003		

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A 003	Continued From page 2	A 003		

documented a call received at 4:58 p.m. of a confused female possibly from a facility and at 5:15 p.m. facility staff picked her up.

d. Quantum Safety and Security Event Report that indicated Tenant #1 approached the main entrance door several times and exited the main entrance door at 4:49 p.m. Staff E reset the main entrance door alarm at 4:55 p.m.. Tenant #1 returned at 5:17 p.m. and continued to approach the main entrance door.

e. The Program's Unwitnessed Door Alarm procedure directed if a staff member did not witness the event surrounding the alarm, staff must immediately check their pages for the type of alarm that occurred. If the alarm was caused by a safety monitoring device, all employees were to be notified of the specific resident. The alarm should not be silenced until all employees on duty were aware of the alarm and a search was initiated for the resident.

Additional record review revealed the following:

a. A facility counseling form, dated 4-17-2020, indicated Staff C stated he had his pager on vibrate and was too busy passing meals to check the door. He stated he received several alerts on the pager and by the time he checked it, another staff had reset the alarm and he continued to serve meals.

b. A facility counseling form, dated 4-17-2020, revealed Staff D failed to have a pager on her person as required a part of her staff uniform.

According to the state climatologist the weather in Urbandale on 4-2-2020 at 4:45 p.m. was 58 degrees with 72% humidity and no wind chill

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A 003	Continued From page 3	A 003		

computed. The sky was overcast with winds out of the south-southeast at 11 mph.

Observations revealed the Program was located on Sutton Place in a 25 mile per hour speed zone with two lanes of traffic and approximately one half mile south of Interstate 8-/35. The tenant exited the front door and walked approximately one quarter of a mile west in a residential neighborhood and wooded area.

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When interviwed on 11/4/20 Staff D stated she gave her pager to a floor staff due to there not being enough available. She passed meds that shift and the floor staff needed the pager to answer call lights. She observed Tenant #1 up front somewhere as she passed meds Staff D confirmed staff are required to be present when any tenants are up front, but reported that doesn't always happen when staff are needed for other tenants. She stated she answered the phone and the person stated a name and asked if that person resided in the facility. She stated no one by that name lived there. The caller continued to describe the clothing on the individual and she realized it was Tenant #1. She left to pick up Tenant #1. She arrived at the neighbor's home and observed Tenant #1 with books in her hands. Tenant #1 appeared to be her normal self and uninjured. She stated Tenant #1 wore a sweatshirt, leggings, socks, and shoes appropriate for the weather. She stated Tenant #1 returned willingly to the facility. Staff D called the nurse and received instructions for all staff to write up a statement.

When interviewed on 11/4/20 at 2:47 p.m. Staff B stated as she took meals to other tenants in their apartments she observed Tenant #1 eating her

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A 003	Continued From page 4	A 003		

meal in the front area. She heard the alarm on her pager, but failed to check it as trained. She stated she used her walkie to notify staff when Tenant #1 was located and asked who reset the alarm. She stated no one admitted they reset the alarm. She confirmed the alarm was not to be reset until staff are notified to search for the resident responsible for the alarm. She stated all staff received retraining on door alarm procedure.

When interviewed on 11/5/20 Staff C stated as he passed meals he heard his pager go off. He failed to check the alarm as trained. He stated staff reset the alarm and he assumed staff found the person.

When interviewed on 11/5/20 Staff E stated she served drinks and observed Tenant #1 eating in the front. The door alarm went offm, but she observed nothing unusual. She stated she failed to have a pager with her and denied resetting the door alarm.

When interviewed on 11/4/20 the Assistant Director stated she observed Tenant #1 eating at a table near the nurse's station. She reminded Staff E and another staff of Tenant #1's location due to her history of wandering. She reported staff are required to be in the area when tenants are present for safety. She confirmed all staff received training on unwitnessed door alarms and are required to have pagers with them at all times. She reported breached door alarms are not to be reset until the resident is found, but no staff admitted to resetting the alarm. The Program's investigation revealed staff failed to follow procedure which contributed to the elopement. All staff received disciplinary action for their actions.

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A 118	Continued From page 5	A 118		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to request a criminal, child, and dependent adult abuse record check prior to employment for 1 of 8 staff reviewed (Staff A). Findings follow: Record review on 11-4-2020 revealed Staff A was hired 6-22-2020. Single Contact License and Background Check completed 7-1-19 at 9:43 a.m.. On 11-4-2020 at 3:52 p.m. the Director confirmed these findings.	A 118		

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3/12/21

Plan of Correction:

Urbandale Bickford Cottage

Regulatory Insufficiency: The Program failed to provide services to tenants in accordance with the training provided. Staff failed to use pagers as required and failed to follow the Programs procedure for an unwitnessed door alarm which resulted in an elopement.

Plan of Correction:

- **The insufficiency will be corrected as follows:**
    - In addition to the monthly planned in-service, the Director and RN Coordinator completed an all-staff mandatory in-service meeting on Missing Resident Drills and correct use of pagers on May 19th 2020, June 16th 2020, and July 21st 2020. The Director re-educated staff members and reviewed the Emergency Handbook with the policies and procedures regarding Missing Resident Drills.
- **The following measures will be taken to ensure the problem does not recur:**
    - All staff members check in and out each pager before and after every shift
    - All new hires are walked through Emergency Handbook/Drills with Director and maintenance coordinator
    - All new hires handle the pager while maintenance coordinator completes a Missing Resident Drill
- **How the Program plans to monitor performance to ensure compliance**
    - The maintenance coordinator completes Missing Resident Drills every month and re-educates monthly on the procedure for an unwitnessed door alarm
    - Director and RN Coordinator complete random "pager checks" to ensure that the pager is on the staff member and that the pager is set to loud sound and not off or on vibrate
- **Date insufficiencies will be corrected:** May 19th 2020 and on-going