IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 52144-I
51853-I
51975-M
52226-C

March 30, 2015

Ms. Beth Fleming, Interim Director
Bickford Cottage Muscatine
2807 Cedar Street
Muscatine, IA 52761

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - BICKFORD COTTAGE MUSCATINE
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Fleming:

I. Final Complaint/Incident Investigation Report – Bickford Cottage Muscatine, Muscatine, IA

Enclosed is the **Final Complaint/Incident Investigation Report ("Report")** issued by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following an investigation by DIA on **March 5, 9, 10, 11 and 12, 2015.** Incidents #52144-I, #51853-I, #51975-M and Complaint #52226-C were investigated. There were no regulatory insufficiencies cited related to Incident #52144-I. There were regulatory insufficiencies cited related to the investigation of Incidents #51853-I, #51975-M and Complaint #52226-C. The regulatory insufficiencies are indicated on the enclosed report.

The following allegation was investigated in regards to Incident #52144-I:
Allegation: Tenant Rights
Findings: Unsubstantiated

Comments: Review of nine tenant files, staff interviews, tenant interviews and review of Program documents did not reveal any concerns with tenant rights.

The Report notes Regulatory Insufficiencies in the area(s) of: Record Checks, Tenant Documents and Service Plans.

Bickford Cottage Muscatine ("Program") is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;
(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received Regulatory Insufficiencies in the areas of Record Checks.

The determination of a **$500 civil penalty** is based upon repeated in the area(s) of: Record Checks. As the enclosed Report details, the Program failed to conduct record checks as required.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **three hundred twenty five dollars ($325)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report.

IV. Conclusion

The Program is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Acting Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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
	S0009	A. BUILDING: _____ B. WING _____	C 03/26/2015

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 000	481-67 Initial Comments 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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 24 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 30 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 6 TOTAL census of Assisted Living Program: 36 Incidents #52144-I, #51853-I, #51975-M and Complaint #52226-C were investigated. There were regulatory insufficiencies cited identified related to Incidents #51853-I, #51975-M and Complaint #52226-C. There were no regulatory insufficiencies related to Incident #52144-I.	A 000		
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	A 118		

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A 118	Continued From page 1 person in this state. This REQUIREMENT is not met as evidenced by: Based on review of a staff file, review of timecard records and a Program document the Program failed to complete a criminal history background check and abuse history background check prior to employment for one staff (Staff A). Staff A was hired and received paid wages prior to the completion of a criminal history background check and abuse history background check. (Incident #51975-M) 1. Staff A, was hired on 4-7-14 and a criminal history background check and abuse registry background check were completed on 4-9-14. The background check was completed after hire. The background check did not require further research. 2. Review of timecard records indicated Staff A started work on 4-7-14, which was prior to the completion of the criminal history background check and abuse history background check. The category on the timecard for 4-7-14, 4-8-14 and 4-9-14 was indicated as training. 3. According to a Program's policy regarding criminal background checks, the Program would comply with Iowa regulations or guidelines regarding staff background checks. An offer of hire was contingent upon a criminal background check, dependent adult and child abuse check, drug test and physical. Training could not begin until the process was favorably completed.	A 118		

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A 077	Continued From page 2	A 077		
A 077	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: *o. Incident reports involving the tenant,* including but not limited to those related to *medication errors, accidents, falls, and* elopements (such reports shall be maintained by the program but need not be included in the tenant ' s medical record) This REQUIREMENT is not met as evidenced by: Based on review of tenant files, staff interviews and Program documents the Program failed to *complete incident reports as needed. Incident* reports were not found for unusual events *including incidents between tenants and an* incident with a tenant and staff. (Incident #51853-I; Complaint #52226-C) 1. Tenant #1, an 89 year old, was admitted on 11-29-12 and diagnoses included: hyperlipidemia, hypothyroid, anxiety, chronic obstructive pulmonary disease, osteoarthritis, diverticulosis, hypertension (HTN), cerebral vascular accident, gastroesophageal reflux *disease, depressive disorder, acute low back pain* and acute pelvic pain. Tenant #1 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. The service plan dated 2-16-15 reflected Tenant #1 had formed a close companionship with one of the tenants and they enjoyed watching television and talking. 2. Tenant #2, an 87 year old, was admitted on 5-13-14 and had a diagnosis of cognitive	A 077		

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A 077	Continued From page 3	A 077		

dysfunction. Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline. According to a Physician Visits document dated 1-20-15, Tenant #2 believed another tenant was Tenant #2's spouse and got upset when staff told Tenant #2 that Tenant #2 should not be providing cares for the other tenant. According to the service plan dated 12-26-14, Tenant #2 had developed a strong friendship/companionship with another tenant and they enjoyed talking, watching television and walking together.

According to an interview with the Nurse on 3-10-15 at 2:59 p.m., staff had reported a sexual relationship between Tenant #1 and Tenant #2 sometime in October/November 2014. The Nurse said it was reported that Tenant #1 and Tenant #2 had been found in a bed together without clothing. The Nurse said it was not occurring currently. Incident reports for the past six months were requested for Tenant #1 and Tenant #2. There were no incident reports completed when staff found Tenant #1 and Tenant #2 in a bed together without clothing. An incident report was not completed as needed.

3. Tenant #3, an 83 year old, was admitted on 8-22-14 and diagnoses included. hyperlipidemia and dementia. Tenant #3 was staged at a three on the GDS, which indicated mild cognitive decline. According to a Progress Note in Tenant #4's file dated 2-1-15, around 10:00 p.m. staff did rounds and checked on Tenant #3. Tenant #3 was scared and told staff another person tried to harm Tenant #3. Staff asked who the person was and Tenant #3 was not able to identify the person by name. Tenant #3 said Tenant #3 was sleeping and the person was at Tenant #3's bedside. Tenant #3 told the person to get out. According to a Progress Note in Tenant #3's file dated

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A 077	Continued From page 4 2-1-15, around 10:00 p.m. Tenant #3 was scared and said a person of the opposite sex came into Tenant #3's room by Tenant #3's bed. Staff told Tenant #3 to lock Tenant #3's door and call staff with the call cord if it happened again. Incident reports for the past six months were requested for Tenant #3. An incident report was not completed when Tenant #3 said another person was in Tenant #3's apartment and tried to harm Tenant #3. An incident report was not completed as needed. 4. Tenant #4, an 86 year old, was admitted on 5-17-12 and diagnoses included: HTN, aortic valve disorder, constipation and status/post hip fracture. Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. According to a fax to the doctor dated 1-30-15, Tenant #4 was found in another tenant's bed without clothing in the early morning hours of 1-28-15. Tenant #4 had displayed increased sexual behaviors towards other tenants and staff for weeks. According to Progress Notes dated 2-17-15, Tenant #4 went into Tenant #5's apartment and they were found in bed without clothing. Staff told Tenant #4 that Tenant #4 needed to get up and put Tenant #4's clothes on and go to Tenant #4's apartment. Tenant #4 told staff that if Tenant #4 was able Tenant #4 would beat staff up for coming in and interrupting them. According to Progress Notes dated 2-25-15, Tenant #4 was found without clothing in the bed of another tenant. 5. Tenant #5, an 82 year old, was admitted on 7-30-14 and diagnoses included: dementia, HTN, hyperthyroidism and hyperlipidemia. Tenant #5	A 077		

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A 077	Continued From page 5 was staged at a four on the GDS, which indicated moderate cognitive decline. Progress Notes dated 2-25-15 indicated Tenant #5 was found without clothing in bed with another tenant. According to an Incident Report dated 1-27-15, Tenant #4 and Tenant #5 were found in bed without clothing. According to an interview with the Nurse on 3-10-15 at 2:59 p.m., Tenant #4 and Tenant #5 had been found having sex twice in the last six months and both families were aware. The Nurse said staff encouraged Tenant #4 and Tenant #5 to keep the visits in public. According to an interview with Staff B on 3-12-15 at 9:14 a.m., she was doing rounds after supper and did not see Tenant #4 in Tenant #4's apartment and Tenant #5's door was locked. Tenant #4 and Tenant #5 were in the room together. Tenant #4 turned to leave and go in the bathroom when staff came into the room. One incident report related to the behavior was found dated 1-27-15. Incident reports for the past six months were requested for Tenant #4 and Tenant #5. No additional incident reports related to the behavior were provided. Incident reports were not completed as needed. 6. Tenant #8, a 75 year old, was admitted on 9-25-14 and diagnoses included Alzheimer's dementia, chronic diarrhea, dyslipidemia, retained metal fragments and anasarca. Tenant #8 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #8 resided in the dementia unit. According to an interview with the Nurse on 3-10-15 at 2:59 p.m., Tenant #8 had not been aggressive recently but was agitated when	A 077		

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A 077	Continued From page 6 incontinent of urine. The Nurse said there was one incident where it was reported Tenant #8 jumped out of bed and shoved Staff D against the wall. According to an interview with Staff D on 3-9-15 at 3:22 p.m., Tenant #8 held/slammed Staff D against the wall. Staff D said Staff D's shoulder and head hurt. Incident reports for the last six months were requested for Tenant #8. There were no incident reports provided regarding the incident with Tenant #8 and Staff D. Incident reports were not completed as needed.	A 077		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on review of tenant files, staff interviews and Program documents, the Program failed to develop service plans that reflected the identified needs of the tenants for six tenants (Tenants #1, #2, #3, #4, #5 and #8). For six tenants the service plans did not reflect the identified needs and preferences for assistance. (Incident #51853-I; Complaint #52226-C) 1. Tenant #1, an 89 year old, was admitted on 11-29-12 and diagnoses included:	A 089		

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A 089	Continued From page 7 hyperlipidemia, hypothyroid, anxiety, chronic obstructive pulmonary disease, osteoarthritis, diverticulosis, hypertension (HTN), cerebral vascular accident, gastroesophageal reflux disease, depressive disorder, acute low back pain and acute pelvic pain. Tenant #1 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. Progress Notes dated 1-9-15 and 1-15-15 indicated Tenant #1 had diarrhea, went to the emergency room (ER) and was prescribed Imodium. Progress Notes dated 1-21-15 indicated Tenant #1 complained of back and stomach pain and requested to go to the hospital. Tenant #1 was admitted to observation status for gastroenteritis and hypokalemia. Progress Notes dated 1-28-15 indicated Tenant #1 had one episode of a watery stool and Tenant #1 stated Tenant #1 had vomited twice. Tenant #1 was transported to the hospital and returned on 2-3-15. According to a hospital discharge summary, Tenant #1 had diarrhea since 1-9-15 and it seemed to be related to every time Tenant #1 ate food. The service plan did not reflect Tenant #1 had diarrhea. The service plan dated 2-16-15 reflected Tenant #1 had formed a close companionship with one of the tenants and they enjoyed watching television and talking. According to an interview with the Nurse on 3-10-15 at 2:59 p.m., staff reported Tenant #1 and Tenant #2 had a sexual relationship sometime in October/November 2014. The Nurse said it was not occurring currently. Progress Notes dated 11-14-14 indicated Tenant #1's elastic was coming off of the undergarment. Tenant #1 wanted to keep the elastic so staff	A 089		

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A 089	Continued From page 8 unattached the elastic from the undergarment. Tenant #1 nodded Tenant #1's head towards the elastic and said it was good to hang oneself with. Tenant #1 said Tenant #1 was joking. Staff asked if staff could throw away the undergarment and elastic and Tenant #1 was agreeable. According to a Program document dated 3-2-15, administrative staff met with Tenant #1 in Tenant #1's apartment. Tenant #1 said "I pray to God to let me die." According to a Program document dated 3-4-15, Tenant #1 said, "Take me God I beg you take me out of here." Tenant #1 denied ever thinking about hurting Tenant #1. Although Tenant #1 denied thinking about hurting Tenant #1 the service plan did not reflect the behavior and interventions. The service plan did not reflect Tenant #1 had diarrhea and made comments about wanting to die and interventions related to the issues. The service plan also did not accurately reflect the nature of the relationship between Tenant #1 and Tenant #2. The service plan did not reflect the identified needs of Tenant #1. 2. Tenant #2, an 87 year old, was admitted on 5-13-14 and had a diagnosis of cognitive dysfunction. Tenant #2 was staged at a three on the GDS, which indicated mild cognitive decline. According to a Physician Visits document dated 1-20-15, Tenant #2 believed another tenant was Tenant #2's spouse and got upset when staff told Tenant #2 that Tenant #2 should not be providing cares for the other tenant. According to the service plan dated 12-26-14, Tenant #2 had developed a strong friendship/companionship with another tenant and they enjoyed talking, watching television and walking together. According to an interview with the Nurse on	A 089		

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A 089	Continued From page 9	A 089		

3-10-15 at 2:59 p.m., staff reported Tenant #1 and Tenant #2 had a sexual relationship sometime in October/November 2014. The Nurse said it was not occurring currently. The service plan did not reflect Tenant #2 believed another tenant was Tenant #2's spouse and did not accurately reflect the nature of the relationship between Tenant #1 and Tenant #2. The service plan did not reflect Tenant #2 got upset when staff told Tenant #2 that Tenant #2 should not be providing cares for the other tenant and interventions related to the behavior. The service plan did not reflect the identified needs of Tenant #2.

3. Tenant #3, an 83 year old, was admitted on 8-22-14 and diagnoses included: hyperlipidemia and dementia. Tenant #3 was staged at a three on the GDS, which indicated mild cognitive decline. According to a document in Tenant #3's file an administrative staff was to be notified any time Tenant #3 had guests other than the people listed on the document. The document indicated it was also noted in the service plan. The service plan did not reflect the arrangement as indicated in the document.

According to a Progress Notes in Tenant #4's file dated 2-1-15, around 10:00 p.m. staff did rounds and checked on Tenant #3. Tenant #3 was scared and told staff another person tried to harm Tenant #3. Staff asked who the person was and Tenant #3 was not able to identify the person by name. Tenant #3 said Tenant #3 was sleeping and the person was at Tenant #3's bedside. Tenant #3 told the person to get out. According to a Progress Note in Tenant #3's file dated 2-1-15, around 10:00 p.m. Tenant #3 was scared and said a person of the opposite sex came into Tenant #3's room by Tenant #3's bed. Staff told

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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 089	Continued From page 10 Tenant #3 to lock Tenant #3's door and call staff with the call cord if it happened again. According to an interview with Staff B on 3-12-15 at 9:14 a.m., Tenant #3 requested staff locked Tenant #3's door at night, staff left lights on for Tenant #3 and Tenant #3 often slept in the common area. Tenant #3 was scared of another tenant and would not name the other tenant but would point to the tenant. The service plan dated 2-4-15 did not reflect the arrangement for visitors and Tenant #3's safety concerns and interventions related to the behavior. The service plan did not reflect the identified needs of Tenant #3. 4 Tenant #4, an 86 year old, was admitted on 5-17-12 and diagnoses included: HTN, aortic valve disorder, constipation and status/post hip fracture. Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. According to an Incident Report dated 1-27-15, Tenant #4 and Tenant #5 were found in bed without clothing. According to Progress Notes dated 2-17-15, Tenant #4 went into Tenant #5's apartment and they were found in bed without clothing. Staff told Tenant #4 that Tenant #4 needed to get up and put Tenant #4's clothes on and go to Tenant #4's apartment. Tenant #4 told staff that if Tenant #4 was able Tenant #4 would beat staff up for coming in and interrupting them. According to Progress Notes dated 2-25-15, Tenant #4 was found without clothing in the bed of another tenant. According to an interview with the Nurse on 3-10-15 at 2:59 p.m., Tenant #4 and Tenant #5 had been found having sex twice in the last six months and both families were aware. The	A 089		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0009	A. BUILDING: _____ B. WING _____	C 03/26/2015

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

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A 089	Continued From page 11 Nurse said staff encouraged Tenant #4 and Tenant #5 to keep the visits in public. According to an interview with Staff C on 3-9-15 at 5:19 p.m., staff ensured Tenant #4 was in Tenant #4's in bed and Tenant #5's door was locked. Staff C said staff checked at 11:00 p.m. and 3:00 a.m. According to a fax to the doctor dated 1-30-15, Tenant #4 was found in another tenant's bed without clothing in the early morning hours of 1-28-15. Tenant #4 had displayed increased sexual behaviors towards other tenants and staff for weeks. The service plan dated 1-23-15 indicated if Tenant #4 made inappropriate comments or touched staff or tenants, staff was to take their concerns to the Nurse and decide how to proceed with the specific situation. The service plan was updated to reflect Tenant #4 had developed an intense personal relationship with another tenant. Both families were aware of the relationship and were agreeable. The service plan did not accurately reflect the nature of the relationship with between Tenant #4 and Tenant #5. The service plan did not reflect the identified needs of Tenant #4. 5. Tenant #5, an 82 year old, was admitted on 7-30-14 and diagnoses included: dementia, HTN, hyperthyroidism and hyperlipidemia. Tenant #5 was staged at a four on the GDS, which indicated moderate cognitive decline. According to an Incident Report dated 1-27-15, Tenant #4 and Tenant #5 were found in Tenant #5's bed without clothing. According to Progress Notes in Tenant #4's file dated 2-17-15, Tenant #4 went into Tenant #5's apartment and they were found in bed without clothing. Staff told Tenant #4	A 089		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0009	A BUILDING _____ B WING _____	C 03/26/2015

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A 089	Continued From page 12 that Tenant #4 needed to get up and put Tenant #4's clothes on and go to Tenant #4's apartment. Tenant #4 told staff that if Tenant #4 was able Tenant #4 would beat staff up for coming in and interrupting them. Progress Notes dated 2-25-15 indicated Tenant #5 was found without clothing in bed with another tenant. According to an interview with the Nurse on 3-10-15 at 2:59 p.m., Tenant #4 and Tenant #5 had been found having sex twice in the last six months and both families were aware. The Nurse said staff encouraged Tenant #4 and Tenant #5 to keep the visits in public. According to an interview with Staff C on 3-9-15 at 5:19 p.m., staff ensured Tenant #4 was in Tenant #4's in bed and Tenant #5's door was locked. Staff C said staff checked at 11:00 p.m. and 3:00 a.m. The service plan dated 3-4-15 reflected Tenant #5 had a close friendship with several other tenants including one tenant of the opposite sex. Staff should encourage them to hold their conversations in areas visible to staff. The service plan did not accurately reflect the nature of the relationship between Tenant #4 and Tenant #5 and did not include all the interventions including: to lock Tenant #5's door and checks at night. The service plan did not reflect the identified needs of Tenant #5. 6. Tenant #8, a 75 year old, was admitted on 9-25-14 and diagnoses included: Alzheimer's dementia, chronic diarrhea, dyslipidemia, retained metal fragments and anasarca. Tenant #8 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #8 resided in the dementia unit.	A 089		

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
	S0009	A. BUILDING _____ B. WING _____	C 03/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 089	Continued From page 13 According to Progress Notes dated 1-6-15, Tenant #8 had 3+ bilateral lower extremity (BLE) edema. Tenant #8 was taken to the ER and was admitted to the hospital to begin diuretic therapy. Tenant #8 returned to the Program on 1-7-15, according to Progress Notes. Progress Notes dated 1-9-15 and 1-10-15 indicated Tenant #8 had 2+ BLE pitting edema, was incontinent, was unable to ambulate and transferred with two assist to the wheelchair to transport to bed. Tenant #8's buttocks was very reddened without open areas. Progress Notes dated 1-12-15 indicated Tenant #8 appeared unable to understand to stand or ambulate. Tenant #8's feet remained swollen and lower legs/feet were reddened and warm. According to Physician's Orders, Baza Protect Cream apply to buttocks every shift and Baza Protect Cream apply to buttocks as needed was ordered 1-13-15. The service plan dated 1-6-15 did not reflect the BLE edema, reddened buttocks, treatment for the buttocks and transfer assistance. The service plan did not reflect the identified needs of Tenant #8.	A 089		

Plan of Correction
Muscatine Bickford

HEALTH FACILITIES

APR 17 2015

A. Record Checks (A118)

Regulatory Insufficiency: The Program failed to complete a criminal history background check and abuse history background check prior to employment for one staff.

Plan of Correction

The insufficiency will be corrected as follows:

- Bickford will complete the required background checks prior to employing staff.
- A criminal history background check and abuse registry background check were completed on Staff A on April 9, 2014, with no negative findings.

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

- Assistant Director will ensure that the hiring checklist is completed and that all documentation is in personnel file at the time of hire. This includes the necessary background checks.

The program will monitor performance to ensure compliance in the following manner:

- Divisional Director of Operations will complete an audit of personnel files at least yearly.

Date deficiencies corrected by: March 12, 2015.

B. Tenant Documents (A077)

Regulatory Insufficiency: The Program failed to complete incident reports as needed. Incident reports were not found for unusual events including incidents between tenants and an incident with a tenant and staff.

The insufficiency will be corrected as follows:

- Bickford staff will complete Incident Reports with any unusual events that occur and according to state regulations and Bickford policy.

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

- Bickford Director, RNC and staff were re-educated on the requirements for completing an Incident Report on March 26, 2015.
- The Director and RNC will follow up, through review of the Communication Book and Task Sheets, to ensure that Bickford staff are completing Incident Reports as required.

The Program will monitor performance to ensure compliance as follows:

- Divisional Director of Resident Services will complete core checks biannually of Incident Reports to ensure compliance.

Date deficiencies corrected by: March 12, 2015.

C. Service Plans (A089)

Regulatory Insufficiency: The Program failed to develop service plans that reflected the identified needs of the tenants for six tenants.

Plan of Correction

The insufficiency will be corrected as follows:

- The Director and RNC will ensure that service plans are completed and reflect the residents' identified needs and preferences.
- Resident #1's Service Plan was updated on April 9, 2015. The service plan identifies the resident's current needs and preferences.
- Residents #2's Service Plan was updated on April 9, 2015. The service plan identifies the resident's current needs and preferences.
- Resident #3's Service Plan was updated on April 9, 2015. The service plan identifies the resident's current needs and preferences.
- Resident #4's Service Plan was updated on April 9, 2015. The service plan identifies the resident's current needs and preferences.
- Resident #5's Service Plan was updated on April 9, 2015. The service plan identifies the resident's current needs and preferences.
- Resident #8's Service Plan was updated on April 9, 2015 The service plan identifies the resident's current needs and preferences.

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

- Further education, regarding the requirements for a Service Plan to be individualized and address the resident's needs and preferences, was provided to RNC by Divisional Director of Resident Services on April 7, 2015.

The program will monitor performance to ensure permanent solutions in the following manner:

- The Divisional Director of Resident Services will complete core checks of Service Plans at least biannually to monitor compliance.

Date deficiencies corrected by: April 7, 2015