IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
58882-I

March 31, 2016

Ms. Heidi Garton, Administrator
Bickford Cottage West Des Moines
5050 Hawthorne Drive
West Des Moines, IA 50265

RE: Final Complaint/Incident Investigation Report, Bickford Cottage West Des Moines, West Des Moines, Iowa

Dear Ms. Garton:

Enclosed is the **Final Complaint/Incident Investigation Report** completed 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 24, 2016.** The Report notes Regulatory Insufficiencies in the area(s) of: Tenant Documents and Service Plans.

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.

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. Please refer to rule 67.14 for more information.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0043	A. BUILDING: _____ B. WING _____	C 03/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE WDM	5050 HAWTHORNE DR WEST DES MOINES, IA 50265

(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. General Population Program Number of tenants without cognitive disorder: 38 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 41 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: 47 The following regulatory insufficiencies were cited during the investigation of Incident #58882-I.	A 000		
A 079	481-69.25(1)q Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: q. When the tenant is unable to advocate on the tenant ' s own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs)	A 079		

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

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A 079	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Program did not maintain documentation of the completion of routine personal cares on task sheets for a tenant who was unable to advocate for self. 1. Tenant #1, an 85 year-old, was admitted on 10-11-14 and had a diagnosis of: dementia. Tenant #1 was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the secured dementia unit. The Program reported to the department Tenant #1 fell and sustained a fractured hip. As part of the investigation, the monitor asked to see the task sheets for Tenant #1, who had severe cognitive impairment. In an interview with the Director she stated tasks were documented but the documentation was not kept after the Director reviewed them. The Program was unable to provide documentation of personal care tasks for Tenant #1, a cognitively impaired person with a GDS of six and unable to advocate for self.	A 079		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant.	A 083		

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A 083	Continued From page 2 The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the service plan did not meet the identified needs of Tenant #1. 1. Tenant #1, an 85 year-old, was admitted on 10-11-14 and had a diagnosis of: dementia. Tenant #1 was staged at six on the global deterioration scale which indicated severe cognitive decline. Tenant #1 resided in the secured dementia unit. Incident reports dated 1-9 and 1-10-16 documented Tenant #1 was found on the floor. Incident reports dated 1-18 documented Tenant #1 was found on the floor and complained of hitting the head. A vital signs follow-up was started. An incident report dated 2-15-16 documented Tenant #1 was found on the floor. Progress notes dated 2-13-16, which corresponded to the documentation on the 2-15-16 incident report revealed Tenant #1 hit the head. A vital signs follow-up was started. Incident reports dated 2-24 and 3-5-16 documented Tenant #1 was found on the floor. An incident report dated 3-6-16 documented Tenant #1 was found on the floor. Tenant #1	A 083		

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A 083	Continued From page 3 grimaced in pain with left hip movement. Tenant #1 was transported to the hospital. Progress notes dated 3-7-16 documented Tenant #1 sustained a fracture of the left hip and was scheduled for surgery. In an interview with the Registered Nurse on 3-24-16, she stated Tenant #1 did not return to the Program and had died the night before the onsite visit. The Program reported the fall of 3-6-16 to the Department. In an interview with the RN on 3-24-16 she stated Tenant #1 fell because Tenant #1 was trying to assist others. The RN stated Tenant #1 needed activities to keep busy and not assist others. Tenant #1 was found on the floor seven times between 1-9-16 and 3-6-16. The service plan dated 1-11-16 did not identify Tenant #1 as a fall risk and did not provide direction to staff for the prevention of falls. The service plan did not meet the identified needs of Tenant #1.	A 083		

Plan of Correction
West Des Moines Bickford

A 079 Tenant Documents
Regulatory Insufficiency: The Program did not maintain documentation of the completion of routine personal cares on task sheets for a tenant who was unable to advocate for self.

Plan of Correction:
The insufficiency will be corrected as follows:

- Bickford will ensure all residents that are unable to advocate on their own behalf (i.e., GDS 5 or greater) have accurate documentation maintained, on a task sheet, of the completion of routine personal or health-related care.

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

- The RN-Coordinator/Director will provide training at monthly in-service on 4/26 for all staff regarding task sheets and documentation.
- The Director/RN Coordinator will complete weekly checks to ensure that task sheets are being completed daily.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Resident Services will review the task sheet documentation at least twice per year for evidence of daily documentation and completion of tasks.
- Task sheets will be retained for a minimum of 3 years.

Date deficiencies corrected by: 04/26/16

A 083 Service Plans
Regulatory Insufficiency: The Service Plan did not meet the identified needs of the Resident.

Plan of Correction:
The insufficiency will be corrected as follows:

- Bickford will ensure a Service Plan is developed and designed to meet the specific service needs/desires of the individual resident and updated whenever changes are needed.
- Resident #1 passed away 3/23/2016.

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

- Lori Miner, RN, BSN provided education to the RN Coordinator on 3/24/2016 on the importance of including specific details related to fall risk of residents with multiple falls.
- The RN-Coordinator will update all service plans to reflect specific needs of all residents on the Service Plan.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Resident Services will review Service Plans at least twice per year to ensure Service Plans are compliant with expectations.

Date deficiencies corrected by: 04/26/16