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
	S0011	A. BUILDING _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE BURLINGTON	3301 STERLING DR BURLINGTON, IA 52601

(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: 1 Total Population of Program at time of on-site: 39 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 7 TOTAL census of Assisted Living Program: 46 A recertification visit to determine compliance with certification for an Assisted Living Program was completed. In addition to the recertification visit an investigation of Incident #63652-I was also completed. There were regulatory insufficiencies identified related to the recertification visit and Incident #63652-I	A 000	See attached POC 11/2/16	
A 012	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy.	A 012		

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
	S0011	A. BUILDING: _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE BURLINGTON	3301 STERLING DR BURLINGTON, IA 52601

(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 012	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews the Program failed to ensure tenants consistently treated with consideration, respect and full recognition of personal dignity and autonomy regarding completion of a care. Staff failed to respect tenant choice regarding personal cares. This pertained to one of five tenant files reviewed (Tenant #2). Findings follow: Review of an incident report dated 9-9-16 revealed Staff A and B gave Tenant #2 a shower and Tenant #2 became anxious and angry. Tenant #2 hit, bit the staff and pulled the staffs' hair. Staff redirected Tenant #2 without success, however the bath was completed. The physician was notified and a new pain medication and increased medication for agitation were requested. Review of Staff A's written statement regarding the incident with Tenant #2 revealed Staff A had partially removed the tenant's clothing when he/she became hesitant with the removal of his/her pants. Tenant #2 punched Staff A in the mouth and pulled her hair. Tenant #2 stepped into the shower with his/her pants at the ankles. It took two staff to get Tenant #2 washed, one to hold Tenant #2's hand while the other staff washed his/her hair. Tenant #2 proceeded to bite staff's arms, pulled hair and yanked Staff A's shirt to choke her. After the shower Tenant #2 dried off but would not get dressed without sitting in a wheelchair. Tenant #2 went limp when staff tried to stand him/her up to pull up pants, but	A 012		

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
	S0011	A. BUILDING _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE BURLINGTON	3301 STERLING DR BURLINGTON, IA 52601

(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 012	Continued From page 2 eventually stood . Review of Staff B's written statement dated 9-8-16 revealed she returned to the dementia unit from a break and went to Tenant #2's apartment. Tenant #2 was getting aggressive with Staff A during a shower. Staff B noted Tenant #2 punched Staff A and grabbed her hair. Tenant #2 was hesitant when Staff A tried to pull down his/her pants and Staff B stepped in to help. Staff B held Tenant #2's hand while Staff A washed him/her. It was noted Tenant #2 displayed behaviors including: kicking, hitting, pulling hair, screaming, biting and yanked on a shirt trying to choke staff. When getting out of the shower Tenant #2 refused to get dressed or dry off. Staff decided it was best to sit Tenant #2 in a wheelchair and he/she fought staff by kicking and punching more. When staff tried to stand Tenant #2 up he/she was dead weight. When interviewed, on 10-19-16 at 11:05 a.m. Staff A revealed she assisted Tenant #2 with a shower. The water was turned on and Tenant #2 had one foot in his/her pants when he/she walked into the shower. Tenant #2 held on to the shower sprayer. Staff A had Staff B help so Tenant #2 would not fall. Staff tried to get Tenant #2 out of the shower as fast as they could., as she felt like Tenant #2 was kind of scared and maybe felt blocked in. Tenant #2 swung quite a bit and Staff A was hit in the face. Staff A said Tenant #2's hand was not held down, it was cradled. Tenant #2 was not combative until Staff B arrived. The bathing process took approximately 10 to 15 minutes. Staff A said interventions for refusals included: cares could be done at a later time, on the next shift and the next staff might be able to complete the care task. Staff reported refusals to the Nurse.	A 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0011	A. BUILDING: _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE BURLINGTON	3301 STERLING DR BURLINGTON, IA 52601

(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 012	Continued From page 3 Record review of Tenant #2's file revealed a diagnosis of Alzheimer's Disease. Tenant #2 had a GDS of five, which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit. The service plan dated 9-6-16 revealed the following: staff assisted with bathing twice per week, Tenant #2 had always taken baths and not showers, he/she was able to wash self in the shower or bath. The service plan directed to offer activities to get him/her in the shower which included: to give Tenant #2 a baby doll to shower/bathe, talk about childhood when he/she took baths and what was in the tub/shower. If unsuccessful staff would re-approach in 5 to 10 minutes or ask another staff to assist. Tenant #2 frequently refused showers. The service plan revealed Tenant #2 also had a fractured left wrist and had a splint/brace on the wrist and staff encouraged Tenant #2 to leave it on. According to the Program's Resident Bill of Rights (IA) document, tenant rights included: freedom of choice and accommodation of needs. Tenants had the right to receive care, treatment and services which were adequate and appropriate. Tenants had the right to make choices about aspects of their lives that were significant to them.	A 012		
D103	481--52.2(2)a Reporting Suspected Dependent Adult Abuse 52.2(2) Reporting suspected dependent adult abuse in facilities or programs. a. If a staff member or employee is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the	D103		

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
	S0011	A. BUILDING: _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE BURLINGTON	3301 STERLING DR BURLINGTON, IA 52601

(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
D103	Continued From page 4 person in charge or the person's designated agent who shall then notify the department within 24 hours of such notification or the next business day. This Statute is not met as evidenced by: Based on interviews and record review Program staff failed to immediately report an allegation of dependent adult abuse to the person in charge or the person's designated agent. This affected 1 of 5 tenant's reviewed (Tenant #1). Finding follows: Record review revealed an incident report for Tenant #1, dated 10/13/16. According to the incident report, Tenant #1 reported on 10/11/16 Staff F threw a shoe at him/her and told the tenant she wished he/she would die. The tenant reported he/she was unsure if the shoe hit him/her, but complained of no pain or injury. Further review of the incident report documented a physical assessment of Tenant #1 and noted no injuries found. The program reported the incident to the Department of Inspections and Appeals (DIA) on 10-13-16. Review of the Program's investigation revealed the following: a. Staff H reported she found out about an allegation between Staff F and Tenant #1 on Wednesday (10/12/16) late afternoon from Staff D. Staff H notified management staff immediately via text message and then followed up by telephone to ensure the message was received.	D103		

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
	S0011	A. BUILDING. _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE BURLINGTON	3301 STERLING DR BURLINGTON, IA 52601

(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
D103	Continued From page 5 b. Staff C reported on 10/10/16 around dinner time he passed out mail in the dementia unit and Tenant #1 and his/her spouse said Staff F threw a shoe at Tenant #1 and said she wished Tenant #1 was dead. Staff C did not report the allegation immediately to management staff. c. Staff E reported she passed medications in the dementia unit and Tenant #1 and his/her spouse said Staff F threw a shoe at Tenant #1 and said she wished Tenant #1 was dead. Staff E did not report the allegation immediately to management staff. d. Further review of staff interview documents revealed Staff A, D and G also had knowledge of the allegation of dependent adult abuse between Staff F and Tenant #1 and did not report the allegation immediately to management staff. Additional record review revealed the Program's abuse and neglect policy and procedure (P&P), revised 7-2012. The P&P directed, "Any Bickford Family Member who has reasonable cause to believe that a Resident is being, or has been, abused, neglected, or exploited shall report the information immediately to the Branch Director or RN (Registered Nurse) Coordinator." An interview with the Nurse on 10-19-16 at 1:04 p.m. indicated the staff that were involved were talked to and counseled on reporting. It did not matter if they (staff) believed it happened, it needed to be reported. An interview with the Director on 10-19-16 at 9:56 a.m. revealed she became aware of the allegation between Tenant #1 and Staff F on 10-12-16 at 4:30 p.m. when Staff H reported to her. The Program completed an investigation of	D103		

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
	S0011	A. BUILDING _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE BURLINGTON	3301 STERLING DR BURLINGTON, IA 52601

(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
D103	Continued From page 6 the allegation. All staff involved were counseled by the nurse on reporting incidents to management staff, regardless if they believed it happened or not. The Director noted the expectation for reporting was that staff report an allegation of dependent adult abuse to the management staff immediately and they (management) decided if it was reportable.	D103		

VOK
12/14/16

Plan of Correction
Burlington Bickford

A 012 Tenant Rights
Regulatory Insufficiency: The Program failed to ensure residents were consistently treated with consideration, respect and full recognition of personal dignity and autonomy regarding completion of a care and failed to respect resident choice regarding personal cares.

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

- The Director and RNC re-educated all staff on Resident Rights at a mandatory In-Service on November 2, 2016.

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

- RNC will observe staff as they perform their care tasks to ensure that interventions, included on the Service Plan, remain appropriate and are being appropriately applied by staff.

The program will monitor performance to ensure compliance as follows:

- The Divisional will do annual core check to ensure the policy on Resident Rights is being followed.

Date deficiencies corrected by: November 2, 2016 and on-going

D 103 Reporting Suspected Dependent Adult Abuse
Regulatory Insufficiency: The staff failed to immediately report an allegation of dependent adult abuse to the person in charge or the person's designated agent.

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

- The Director and RNC re-educated all staff at a Mandatory In-Service on November 2, 2016 on Dependent Adult Abuse and the responsibilities of being a Mandatory Reporter.

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

- More in-depth discussion and conversations during daily staff meetings regarding staff not needing to make the determination that abuse has occurred, they just need to report their concerns.

The program will monitor performance to ensure compliance as follows:

- The Divisional will perform annual checks to ensure we are in compliance with Dependent Adult Abuse Training.

Date deficiencies corrected by: November 2, 2016 and on-going