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 01/05/2017

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 visit. General Population Program Number of tenants without cognitive disorder: 30 Number of tenants with a cognitive disorder: 7 Total populations of the Program at the time of on-site visit: 37 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 6 Total population of Program at the time of on-site visit: 7 TOTAL census of Assisted Living Program: 44 The following regulatory insufficiencies were cited during the recertification visit and the investigation of self-reported incident #64254-I	A 000	See attached POC 1/4/17	
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or	A 037		

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

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A 037	Continued From page 1 human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on record review, the program failed to complete functional, cognitive, and health evaluations as needed with significant change, including behavioral changes and after elopement from the Program. This affected 1 of 2 sample tenants (Tenant #1). Findings follow: 1. Record review revealed Tenant #1's progress notes, dated 10-15-16, documented the tenant was agitated, hit and kicked doors, tried to go into others' apartments, yelled, and swore. Attempts were made to redirect the tenant with milk and a cookie in the dining room, but Tenant #1 would not sit still. Staff attempted to sit and visit with Tenant #1, but he/she continued to yell and would not sit, continued to attempt to go into others' apartments, and continued to kick and hit doors. A PRN (as needed) Lorazepam was given; Tenant #1 spit the medication at staff and on to the floor. The medication was crushed and put into pudding, and Tenant #1 still spit it out. Continued review of Tenant #1's progress notes revealed notes dated 10-16-16 documented medications given to Tenant #1 crushed and in pudding, as directed. Tenant #1 took a bite and spit on the floor. He was given a glass of milk,	A 037		

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A 037	Continued From page 2 and spit that on floor. Additional record review revealed no functional, cognitive, and/or health evaluations completed with Tenant #1's significant change, exhibiting behaviors and refusing to swallow medication. 2. Record review revealed an incident report, dated 10-31-16, documented the program received a phone call at 2:40 p.m. from Tenant #1's family, stating Tenant #1, who resided in the locked dementia unit, was outside across the street. Staff went outside and did not see Tenant #1. Another staff stated Tenant #1 was on Howser Street. The Registered Nurse Coordinator (RNC) drove to Howser Street, and was told the tenant was in a store. When the RNC arrived to the store, the tenant could not be found. She noticed Tenant #1 down the road with three other people. Tenant #1 was located approximately 0.3 miles from the Program. Tenant #1's family was with him/her when he/she was found, and stated they were taking the tenant to their home; he/she would return to the Program around 6:00 p.m. At approximately 6:00 p.m. Tenant #1 returned to the Program. He/she ambulated with a slow, steady gait and no injuries were noted. Further record review revealed no functional, cognitive, and health evaluations completed, after Tenant #1 successfully eloped from the locked dementia unit.	A 037		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be	A 085		

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A 085	Continued From page 3 updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to update service plans as indicated by identified tenant needs. This affected 1 of 2 sample tenants (Tenant #1). Findings follow: 1. Record review revealed Tenant #1 resided on a locked dementia unit and was staged five on the global deterioration scale (GDS), which indicated severe cognitive decline. Record review revealed Tenant #1's progress notes, dated 10-15-16, documented the tenant was agitated, hit and kicked doors, tried to go into others' apartments, yelled, and swore. Attempts were made to redirect the tenant with milk and a cookie in the dining room, but Tenant #1 would not sit still. Staff attempted to sit and visit with Tenant #1, but he/she continued to yell and would not sit, continued to attempt to go into others' apartments, and continued to kick and hit doors. A PRN (as needed) Lorazepam was given; Tenant #1 spit the medication at staff and on to the floor. The medication was crushed and put into pudding, and Tenant #1 still spit it out. Continued review of Tenant #1's progress notes revealed notes dated 10-16-16 documented medications given to Tenant #1 crushed and in pudding, as directed. Tenant #1 took a bite and spit on the floor. He's he was given a glass of	A 085		

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A 085	Continued From page 4 milk, and spit that on floor. Additional record review revealed no update to Tenant #1's service plan to provide interventions to address inappropriate behaviors and medication refusal. 2. Record review revealed an incident report, dated 10-31-16, documented the program received a phone call at 2:40 p.m. from Tenant #1's family, stating Tenant #1, who resided in the locked dementia unit, was outside across the street. Staff went outside and did not see Tenant #1. Another staff stated Tenant #1 was on Howser Street. The Registered Nurse Coordinator (RNC) drove to Howser Street, and was told the tenant was in a store. When the RNC arrived to the store, the tenant could not be found. She noticed Tenant #1 down the road with three other people. Tenant #1 was located approximately 0.3 miles from the Program. Tenant #1's family was with him/her when he/she was found, and stated they were taking the tenant to their home; he/she would return to the Program around 6:00 p.m. At approximately 6:00 p.m. Tenant #1 returned to the Program. He/she ambulated with a slow, steady gait and no injuries were noted. Further record review revealed no functional, cognitive, and health evaluations completed, after Tenant #1 successfully eloped from the locked dementia unit and locked courtyard. When interviewed on 1/4/17 at 2:00 p.m. the RNC confirmed Tenant #1's service plan not updated following Tenant #1's elopement. The RNC stated Tenant #1 had no history of elopement and/or exit seeking behaviors. The RNC felt Tenant #1's successful elopement to be	A 085		

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A 085	Continued From page 5 the result of a technical malfunction with the gate alarm.	A 085		

Plan of Correction
Muscatine Bickford

2/2/17 CAC 2/7/17

HEALTH FACILITIES
FEB 09 2017

A 037 Evaluation of Tenant

Regulatory Insufficiency: The Program failed to complete functional, cognitive, and health evaluations as needed with significant change for one tenant.

Plan of Correction:

The insufficiency will be corrected as follows:

- The RNC will evaluate the resident's functional, cognitive and health status on a scheduled basis as well as with any significant changes.
- The RNC was unable to update Resident #1's assessments, to reflect changes, as the Resident moved out on 11/09/16
- The RNC was re-educated on the need to re-evaluate residents any time there is a significant change in the functional, cognitive or health status, on 01/04/17.

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

- The RNC will utilize the communication book, chart and personal observations to determine any significant changes in the resident's functional, cognitive and health status.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Resident Services will perform an annual audit of charts to ensure resident's assessments of functional, cognitive and health status are completed with any significant changes.

Date deficiencies corrected: 01/04/17

A 085 Service Plan

Regulatory Insufficiency: The Program failed to update service plans as indicated by identified tenant needs for one tenant.

Plan of Correction:

- The RNC will update the resident's Service Plan as needed with any significant change.
- The RNC was unable to update Resident #1 Service Plan as the resident moved out on 11/9/16
- The RNC was re-educated on the development of Service Plans that meet the current needs/preferences of residents, on 01/04/17.

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

- The RNC will utilize the evaluations of resident's functional, cognitive and health status to develop a Service Plan, based on the resident's needs.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Resident Services will perform an annual audit of resident's Service Plans to ensure they reflect the current needs/preferences of the resident.

Date deficiencies corrected: 01/04/17