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
	S0028	A. BUILDING: _____ B. WING _____	C 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE CEDAR FALLS	5101 UNIVERSITY CEDAR FALLS, IA 50613

(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: 22 Number of tenants with cognitive disorder: 19 Total Population of Program at time of on-site: 41 TOTAL census of Assisted Living Program: 41 The following regulatory insufficiencies were cited during the investigation of Incidents #66092-I, 64577-I, 64446-I, 66090-C, and 64974-M:	A 000		
A 010	481-67.2(2)a Program Policies and Procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. 67.2(2) The program's policies and procedures on allegations of dependent adult abuse shall be consistent with Iowa Code chapter 235E and rules adopted pursuant to that chapter and, at a minimum, shall include: a. Reporting requirements for staff and employees This REQUIREMENT is not met as evidenced by: Based on interview and record review Program staff failed to report an allegation of abuse as required by Program policy. This affected 1 of 1	A 010		

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A 010	Continued From page 1 tenant (Tenant #1) identified in Mandatory Abuse investigation 64974-M. Finding follows: Review of an Incident Report (IR), dated 1/3/17, revealed the Registered Nurse (RN) was notified by Staff A and Staff B of alleged abuse of Tenant #1. According to the Incident Report completed by the RN, she was approached by Staff A and B who reported they observed Staff C assist Tenant #1 up from the floor in the hallway in front of her/his apartment door. The report documented that Staff A and B felt Staff C had been "rough with (Tenant #1)." Staff A said she told Staff C to stop and then Staff C pushed Tenant #1 from the doorway to the bed where Tenant #1 fell feet first onto the bed. The IR documented an assessment completed on 1/3/17 with no signs of bruising or injury noted. The Program suspended Staff C pending completion of the investigation complete. The Program terminated Staff C on 1/24/17. Review of the Program's Policy on abuse and neglect revealed the following statement: "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 o the Branch Director or RN Coordinator." When interviewed on 2/21/17 the RN confirmed staff failed to report the alleged abuse as directed by the Program's policy.	A 010		
A 045	481-69.23(1)g Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants.	A 045		

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A 045	Continued From page 2 69.23(1) Persons who may not be admitted *or retained. A program shall not knowingly admit* or retain a tenant who: g. Has unmanageable incontinence on a routine basis despite an individualized toileting program This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to discharge a tenant who exceeded criteria for admission and retention. The tenant displayed unmanageable incontinence, despite an individualized toileting *program. This affected 1 of 5 tenants (Tenant #1)* reviewed. Finding follows: Observations on 2/21/17 from noon to 3:30 p.m. revealed Tenant #1 sat in a chair in the common living room area of the Program. At 12:00 p.m. staff approached Tenant #1 and asked him/her to come to the dining room. At 12:05 p.m. staff placed a television tray in front of Tenant #1 and brought food over. At 1:00 p.m. Tenant #1 finished the meal, staff removed the television tray, and Tenant #1 remained seated in the chair. When interviewed on 2/20/17 at 1:25 p.m. Staff D stated Tenant #1 had unmanageable *incontinence. According to Staff D, staff* approach Tenant #1 to use the bathroom but he/she did not regularly use the toilet. Staff D said Tenant #1 urinated/defecated in adult incontinence briefs more often than not. She said Tenant #1 became combative/aggressive and typically two staff were needed to provide incontinence care. When interviewed on 2/20/17 at 4:00 p.m. Staff E stated Tenant #1 did not regularly use the toilet	A 045		

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A 045	Continued From page 4 When interviewed on 2/20/17 at 11:06 p.m. Staff J said Tenant #1 did not use the toilet and urinated/defecated in the incontinency brief when checked on the overnight shift. She said Tenant #1 became combative/aggressive during the time her and another staff changed the incontinency briefs. They were required to check on Tenant #1 every two hours, and she reported Tenant #1 incontinent more often than not. When interviewed on 2/21/17 at 11:25 a.m. the Registered Nurse (RN) acknowledged Tenant #1's incontinency could be considered unmanageable. She did not dispute staff's characterization of Tenant #1's behavior in regards to using the toilet and/or changing and providing cares after incontinency.	A 045		

CAC 4/19/17

Plan of Correction
Bickford Cottage of Cedar Falls

A 010 Program Policies and Procedures
Regulatory Insufficiency: The Program failed to report an allegation of abuse as required by Program policy.

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

- Staff A and Staff B received re-education 1/4/17 on Abuse Policy and Procedure.
- All program staff received education on Abuse Policy and Procedure on 1/6/17.

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

- Upon hire, all program staff will complete review of the Abuse Policy and Procedure and complete documentation on the Initial Orientation Checklist.
- All program staff will receive annual in-service education on the Abuse Policy and Procedure including a competency quiz.

The program will monitor performance to ensure compliance as follows:

- The Director is responsible to ensure compliance.
- Divisionals will monitor compliance through Quality audits, as well.

Date deficiencies corrected by: 4/5/2017

A 045 Criteria for Admission/Retention of Tenants
Regulatory Insufficiency: The Program failed to discharge a tenant who exceeded criteria for admission and retention.

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

- Resident #1 received a written 30-day discharge notice on 4/4/17.

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

- The Director and RNC will monitor resident's health, cognition and function at least every 180 days to ensure residents continue to meet criteria for retention and will review with Divisional Director of Resident Services, if there are concerns.

The program will monitor performance to ensure compliance as follows:

- Quality checks will be completed by Divisional Director of Resident Services to monitor compliance with resident retention.

Date deficiencies corrected by: 3/5/2017