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 05/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE WEST DES MOINES	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: 39 Number of tenants with cognitive disorder: 2 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: 7 Total Population of Program at time of on-site: 7 TOTAL census of Assisted Living Program: 48 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program. No regulatory insufficiencies were cited during the investigation of Complaint #67401-C	A 000	See attached POC 5/30/17	
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		

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

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A 118	Continued From page 1 person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure completion of appropriate background check prior to employment for 1 out of 1 employee files reviewed (Staff C). Findings follow: Record review of Staff C's file revealed she was hired on 12-23-16. Time Detail for the date range of 12-1-16 through 12-30-16 revealed the first day of paid wages was 12-23-16. Single Contact License & Background Check revealed background check was completed on 12-28-16. The background check was not completed prior to employment. Interview with the Administrator on 5-1-17 at 11:28 am confirmed a background check was completed after employment. She stated she did complete a check prior to hire, but failed to print the document and ran another one after employment. She stated she had called the Department of Human Services to see if she could acquire proof of the initial check and was told that when another check is run, the previous one is deleted.	A 118		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or contracting with a dementia-specific program	A 121		

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A 121	Continued From page 2 shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide eight hours of dementia specific training within 30 days of employment for 2 out of 6 employee files reviewed (Staff A, B). Findings follow: 1. Record review revealed the following: a. Staff A was hired on 10-21-16. Redilearning Transforming Senior Care Education, dated 2-7-17, revealed 8 hours of online dementia training completed. Bickford Senior Living certificate revealed 2 hours of hands on training completed 3-1-17. b. Staff B was hired on 12-23-16. Redilearning Transforming Senior Care Education, dated 2-23-17 through 3-5-17, revealed 8 hours of online dementia training completed. 2. Interview with the Administrator on 5-1-17 at 11:28 am confirmed eight hours of dementia specific training was not completed within 30 days of hire for all employees.	A 121		

CAC 6/6/17

LK 6/8/17

Plan of Correction
West Des Moines Bickford Cottage

A118 Record Checks
Regulatory Insufficiency: The Program failed to ensure completion of appropriate background check prior to employment for 1 out of 1 employee files reviewed.

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

- The Director completed the background check on Staff C on 12/28/2016.

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

- The Director will utilize a personnel checklist to ensure that the background check is completed prior to employment for all new potential employees.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Operations will perform an annual audit of personnel files to ensure background checks are completed prior to employment.

Date deficiencies corrected by: May 30, 2017

A121 Dementia Specific Education for Personnel
Regulatory Insufficiency: The Program failed to provide eight hours of dementia specific training within 30 days of employment for 2 out of 6 employee files reviewed.

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

- All new employees will complete 8 hours of dementia training within the first 30 days of employment.

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

- All new employees will be provided login for online dementia education with new hire paperwork and educated regarding timeline for completion.
- The Director will utilize the personnel checklist to ensure completion within the 30 day timeframe.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Operations will perform an annual audit of personnel files to ensure the eight hours of dementia specific training is completed within 30 days of employment.

Date deficiencies corrected by: May 30, 2017