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
	S0024	A. BUILDING: _____ B. WING _____	R-C 11/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE AMES	2418 KENT AVE AMES, IA 50010

(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}	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 Dedication Number of tenants without cognitive disorder: 19 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 27 TOTAL census of Assisted Living Program: 27 The revisit for regulatory insufficiencies cited during the investigation of Incident #68812-I and Complaint #68995-C (7/13/17), was conducted 11/6/17 The regulatory previously cited at 69.23(1)i was determined to NOT be corrected, and was re-cited.	{A 000}	See attached POC 12/8/17	
{A 047}	481-69.23(1)i Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: i. Requires maximal assistance with activities of daily living; or This REQUIREMENT is not met as evidenced by: Based on interview and record review the	{A 047}		

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{A 047}	Continued From page 1 Program failed to consistently ensure tenants met criteria for admission and retention in an assisted living program. This affected 1 of 1 tenant (Tenant #1) identified as not meeting retention criteria during an investigation (completed 7/13/17). Finding follows: According to the Program's plan of correction (POC) from the 7/13/17 visit, the regulatory insufficiency cited at 69.23(1)i would be corrected by 8/16/17. The Program advised Tenant #2's guardian met with the Program 8/16/17 and was informed a 30-day notice of discharge would be issued. The POC advised the written notice of discharge would be issued 8/17/17. The POC further advised the RNC would continue to assess residents to ensure they consistently met criteria for admission/retention to prevent further occurence of the regulatory insufficiency. Observations on 11/6/17 revealed Tenant #2 continued to reside at the Program. Continued observations on 11/6/17 revealed two staff assisted/transferred Tenant #2 from the bed to use the toilet. According to Staff B and C who transferred Tenant #2 two staff were needed to ensure the safety of the tenant. When interviewed Staff A, B and C reported Tenant #2 spent a large part of the day in bed. They also reported staff fed Tenant #2 at each meal. Interviews confirmed Tenant #1 would/could not participate in activities of daily living and staff performed the tasks for the tenant. Record review on 11/6/17 revealed the Program gave Tenant #1 a 30 day notice by letter, dated 8/17/17. Continued record review revealed a lack of continued action to find more appropriate placement for Tenant #2.	{A 047}		

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{A 047}	Continued From page 2 When interviewed on 11/6/17 at 4:15 p.m. the Manager and Registered Nurse Coordinator (RNC) confirmed Tenant #1 required maximal assistance with activities of daily living. The Manager and RNC confirmed the Program failed to ensure tenants who exceeded level of care were not retained by the Program as explained during the 7/13/17 visit.	{A 047}		

12/10/17 OK 12/15/17

Plan of Correction
Ames Bickford Cottage

481-69.23(1)l Criteria for Admission/Retention of Tenants
Regulatory Insufficiency: The Program failed to consistently ensure tenants met criteria for admission and retention in an assisted living program.

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

- Director, RNC, and Assistant Director delivered a 30-day notice to Tenant #2's guardian on 8/17/17, due to exceeding the level of care.
- Resident #2 transferred to Bethany Manor on 11/15/17.
- The Director will ensure that residents consistently meet the State's criteria for admission and retention in an ALP.

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

- Divisional Director of Resident Services provided re-education to the Director and RNC on the criteria for admission and discharge on 12/8/17 including application for a state waiver.
- RNC will assess all residents prior to move-in and as needed to ensure residents remain appropriate to meet admission and retention criteria.
- Divisional Director of Resident Services will review assessments on all move-ins for the next 6 months to determine admission criteria are met. If they are not, the 6 months will start over, until compliance is achieved.

The program will monitor performance to ensure compliance as follows:

- Divisional will audit resident records at least twice per year, during onsite program visits and as needed to ensure residents remain appropriate for the ALP.

Date deficiencies corrected by: 12/8/2017