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
	S0023	A. BUILDING: _____ B. WING _____	C 01/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE IOWA CITY	3500 LOWER W BRANCH RD IOWA CITY, IA 52245

(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. Number of tenants without cognitive disorder: 27 Number of tenants with cognitive disorder: 8 TOTAL Census of Assisted Living Program: 35 This Program has met criteria to be an Assisted Living Program for People with Dementia by definition for the last two recertification visits. A revisit of the investigation of Incident #69217-I was completed and the previously cited regulatory insufficiencies were corrected. During this visit, the investigation of complaint #71893-C was also conducted and a regulatory insufficiency was identified.	A 000	see attached POC 2/2/18	
A 060	481-67.9(4)c Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living. This REQUIREMENT is not met as evidenced by:	A 060		

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

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A 060	Continued From page 1 Based on interview and record review the Program failed to ensure training for non-certified staff regarding the provision of activities of daily living (ADLs). This affected 2 of 3 staff reviewed (Staff A and B). Findings follow: 1. Record review revealed Staff A's hire date as 4-10-17. Staff A worked as needed. The staff list provided by the Program indicated Staff A's title as certified nursing assistant (CNA); however, review of the Direct Care Workers registry indicated Staff A not listed on the registry. A certificate of completion of the CNA course could not be located in Staff A's personnel file to verify CNA status. Review of a nurse delegation training document indicated Staff A participated in ADL and vital signs training and/or demonstrated satisfactory performance of the task. The form, dated 4-16-17, was signed by the Nurse and Staff A. The delegation documents failed to include training on all ADLs including: transfers, toileting assistance/reminders and whirlpool bathing. 2. Record review revealed Staff B's hire date as 6-12-17. The staff list provided by the Program indicated Staff B was a non-certified staff and began CNA class on 1-8-18. Review of a nurse delegation training document indicated Staff B participated in ADL and vital signs training and/or demonstrated satisfactory performance of the task. The form, dated 6-27-17, was signed by the Nurse and Staff B. The delegation documents failed to include training on all ADLs including: transfers, toileting assistance/reminders and whirlpool bathing. Staff B, a non-certified staff, did not have nurse delegated training on all ADLs.	A 060		

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A 060	Continued From page 2 When interviewed on 1-8-18 at 2:05 p.m., the Nurse verified Staff A and B were aides, but did not administer medications. Staff A, worked as needed on second shift and Staff B was full-time on second and third shifts. Staff A and B assisted with basic cares including: dressing, toileting reminders and hearing aides. Staff A and Staff B assisted one tenant with transfers.	A 060		

✓ 2/2/18 OK 2/5/18

Plan of Correction
Iowa City Bickford Cottage

A060--Staffing

Regulatory Insufficiency: The Program failed to ensure training for non-certified staff regarding the provision of activities of daily living.

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

- Staff A & Staff B received Delegation training on 1/24/18 by the Registered Nurse in the areas of transfers, toileting assistance/reminders and whirlpool bathing.

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

- Upon hire, all non-certified staff will receive training delegated by the Registered Nurse in Activities of Daily Living including transfers, toileting assistance/reminders and whirlpool bathing.

The program will monitor performance to ensure compliance as follows:

- Director will audit delegation compliance of newly hired non-certified staff within 30 days of hire.

Date deficiencies corrected by: February 02, 2018