✓ 3/20/18 OK 3/20/18

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
	S0029	A. BUILDING: _____ B. WING _____	01/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE MARION	1100 LINDEN DR MARION, IA 52302

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 7 TOTAL Census of Assisted Living Program for People with Dementia : 35 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for a Dementia Specific Assisted Living Program:	A 000	See attached POC 2/22/18	
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: Based on interview and record review the	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 Program failed to ensure training for non-certified staff included the provision of activities of daily living (ADLs) for 3 of 7 staff reviewed (Staff B, D and F). Findings follow: 1. Record review of Staff B's file revealed Staff B hired as a universal worker (UW) on 10-21-17. Nurse delegated training was completed on 10-27-17; however, the training did not include training for the following ADLs: toileting, perineal care, transfers and hygiene. Staff B, a non-certified staff, did not have nurse delegated training on all ADLs. 2. Record review revealed Staff D hired as a UW on 8-28-17. Nurse delegated training was completed on 9-19-17; however, the training failed to include training for the following ADLs: toileting, perineal care, transfers and hygiene. Staff D, a non-certified staff, did not have nurse delegated training on all ADLs. 3. Record review revealed Staff F hired as a UW on 4-27-17. Nurse delegated training was completed on 12-4-17; however, the training did not include training for the following ADLs: toileting, perineal care, transfers and hygiene. Staff F, a non-certified staff, did not have nurse delegated training on all ADLs. When inerviewed on 1-2-18 at 3:07 p.m., the Nurse confirmed Staff B, D and F were non-certified staff and assisted with ADLs.	A 060		
A 124	481-67.19(4) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks.	A 124		

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A 124	Continued From page 2 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to hire staff within 30 calendar days from the date of the results of the background check for 1 of 7 staff reviewed (Staff F). Findings follow: Record review revealed the Program offered Staff F employment on 4-27-17. A criminal history background check and abuse registries background check was completed on 4-28-17 and revealed no results. Timecard records indicated Staff F first worked on 6-11-17. A background check was run and revealed no results; however, Staff F was not employed within 30 days of the background check.	A 124		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance	A 089		

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A 089	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans to reflect the identified needs of tenants. This affected 3 of 4 tenants reviewed (Tenants #1, #2 and #4). Findings follow: 1. Record review of Tenant #1's file revealed an admission date of 9-7-17 and a diagnosis of Alzheimer's dementia. Tenant #1 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. a. According to an incident report, dated 9-16-17, Tenant #1 pushed a window screen out and left the Program at 5:51 p.m. Tenant #1 was found at a neighboring business banging on a car window. An Incident Report dated 9-17-17 revealed staff was unable to redirect Tenant #1 and he/she became violent and tried to break windows. Tenant #1 was taken to the emergency room via ambulance. Progress notes dated 10-1-17 indicated Tenant #1 exit sought at various times and came out of his/her apartment in his/her underclothes. Further review of progress notes indicated Tenant #1 set off door alarms several times on 10-14-17. Continued record review revealed Tenant #1's service plan updated 9-26-17 reflected Tenant #1 returned to the Program after hospitalization for aggression, exit seeking, destructive behavior/breaking screens on windows and attempting to climb out of apartment windows. Tenant #1 had medication changes and it was reported Tenant #1 had no behavioral issues in the past few days. The Nurse was to be notified immediately if any increased agitation, refusal of	A 089		

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A 089	Continued From page 4	A 089		

cares/medications, increased wandering with exit seeking, aggression or violent behaviors. Tenant #1's service plan failed to provide any other interventions for behaviors, including exit seeking, except for notification of the Nurse.

b. Record review revealed Tenant #1's physician's orders included nitroglycerin tablets sublingually (under the tongue) as needed for chest pain. The service plan reflected staff administered Tenant #1's medication; however, the service plan failed to reflect the prescribed Nitroglycerin and chest pain. The service plan did not reflect the identified needs of Tenant #1.

2. Record review revealed Tenant #2, admitted to the Program 12-12-17, had diagnoses including: osteoarthritis, rheumatoid arthritis and spinal stenosis. Tenant #2 resided in the dedicated dementia unit.

Progress Notes from 12-12-17 to 12-17-17 indicated Tenant #2 required the assistance of two people to transfer. On 12-13-17 Tenant #2 voiced complaints of lower back discomfort and as needed Tylenol was administered. Progress Notes dated 12-17-17 reflected Tenant #2 was non-weight bearing and had pain. On 12-18-17 at 8:00 a.m. Tenant #2 was seated at the dining room table in a wheelchair and grimaced, yelled and grabbed the right leg every 30 to 60 seconds. As needed Tylenol was given over the weekend with no relief. Tenant #2 had difficulty swallowing medications/food and spit them out. Tenant #2 was sent to the hospital via ambulance. Progress Notes dated 12-18-17 at 1:00 p.m. indicated Tenant #2 returned to the Program with new orders for ibuprofen and Lortab.

Continued record review revealed Tenant #2's

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A 089	Continued From page 5 service plan indicated Tenant #2 at times required the assistance of two staff for transfers on bad days. The service plan failed to reflect Tenant #2's pain, non-weight bearing status and routine two-person transfer. 3. Record review revealed Tenant #4 staged at a six on the GDS, which indicated severe cognitive decline. Tenant #4 resided in the dedicated dementia unit and received Hospice services. The Program had received a waiver of administrative rule to retain Tenant #4. Continued record review revealed Tenant #4's service plan indicated he/she spent the majority of his/her time in bed due to weakness and decline. Staff would ensure Tenant #4 was safe when in bed and had periods when he/she was sleepy and difficult to arouse. Staff would ensure he/she was safe in bed and would observe him/her during those periods of weakness or fatigue. When interviewed on 12-20-17 at 1:27 p.m., Staff G n 12-20-17 at 1:27 p.m. revealed Tenant #4 was in bed and staff repositioned him/her every two hours. Further record review revealed Tenant #4's service plan failed to reflect staff repositioned Tenant #4 every two hours. When interviewed on 1-2-18 at 3:07 p.m., the Nurse confirmed staff repositioned Tenant #4 every two hours.	A 089		
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service.	A 104		

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A 104	Continued From page 6 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completion of orientation on sanitation and safe food handling, as well as annual in-service training on food protection. This pertained to 6 of 7 staff reviewed (Staff A, B, C, D, F and G). Findings follow: Record review revealed the following: a. Staff A, hired 10-30-17, had no orientation on sanitization and safe food handling prior to handling food. b. Staff B, hired 10-21-17, had no orientation on sanitization and safe food handling prior to handling food. c. Staff C, hired 8-28-17, had no orientation on sanitization and safe food handling prior to handling food. d. Staff D, hired 8-28-17, had no orientation on sanitization and safe food handling prior to handling food. e. Staff F, hired 4-27-17, had no orientation on sanitization and safe food handling prior to handling food.	A 104		

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A 104	Continued From page 7 f. Staff G, hired 7-21-15, received food safety training most recently on 1-13-16. When interviewed on 1-2-18 at 3:29 p.m. the Director confirmed Staff A, B, C, D, F and G served food. A new hire food safety training was planned for 1-4-18 and an annual food protection in-service was scheduled for 1-16-18.	A 104		

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Plan of Correction
Bickford Cottage Marion

A060—481.67.9(4)c 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:

- One of 3 staff received Delegation training on 2/22/18 by the Registered Nurse in the areas of toileting, perineal care, transfers and hygiene.
- Two of 3 staff are no longer employed at Bickford Cottage of Marion.

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 toileting, perineal care, transfers and hygiene.

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: 2/22/18

A 124 481-67.19(4) Record Checks

Regulatory Insufficiency: The Program failed to hire staff within 30 calendar days from the date of the results of the background check.

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

- Background check was completed on Staff F on 4/28/17 with no findings.

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

- The hiring process, including record checks for new employees was reviewed with the director during new hire orientation September, 2017.

The program will monitor performance to ensure compliance as follows:

- Divisional Director will audit new hire employee files through quality audits annually.

Date deficiencies corrected by: 2/22/18

A 089 481-69.26(4)a Service Plans

Regulatory Insufficiency: The program failed to develop service plans to reflect the identified needs of tenants.

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

- Divisional Director of Resident Services provided the RNC re-education on Service Planning policy and development on 2/22/18.
- One of 3 tenant's had evaluations completed and used to update and individualize their Service Plan to appropriately meet the tenant's needs and preferences on 2/23/18.
- Two of 3 tenant's no longer reside in the facility.

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

- RNC will review Incident/Accident Reports, Communication Book, Progress Notes and observe residents for significant changes that trigger the initiation of evaluations and Service Plan updates in order to meet the tenant's changing needs/preferences for care.

The program will monitor performance to ensure compliance as follows:

- Divisional will audit resident records at least twice per year during onsite program visits to determine Service Plans are developed to meet the tenant's identified needs.

Date deficiencies corrected by: 2/23/18

A 104 481-69.28(5) Food Service

Regulatory Insufficiency: The program failed to ensure staff completion of orientation on sanitation and safe food handling, as well as an annual in-service training on food protection.

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

- Three of 6 staff received orientation on sanitation and safe food handling by dietary manager on 1/24/18.
- Two of 6 staff are no longer employed at Bickford Cottage Marion.
- All current staff received annual in service training on food protection on 1/24/18.

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

- Upon hire, all new employees will receive training on sanitation and safe food handling by the dietary manager during the initial orientation process.
- All staff will receive annual in service training on food protection.