5/30/18

OK 5/29/18

PRINTED: 04/18/2018
FORM APPROVED

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
	S0009	A. BUILDING: _____ B. WING _____	C 04/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE MUSCATINE	2807 CEDAR ST MUSCATINE, IA 52761

(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: 25 Number of tenants with cognitive disorder: 2 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 6 TOTAL Census of Assisted Living Program for People with Dementia 33 The investigation of 74238-C and 74213-I were conducted 3/16/18 - 4/11/18. The investigation of 74238-C resulted in a regulatory insufficiency. The investigation of 74213-I resulted in to regulatory insufficiencies cited.	A 000	See attached POC 5/11/18	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.	A 003		

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

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A 003	Continued From page 1	A 003		

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the Program failed to notify the Department of suspected abuse within 24 hours or next business day in accordance with Program policy. This affected 1 of 6 tenant files reviewed (Tenant #2). Finding follows:

A review of incident reports on 3/8/18 revealed an incident report dated 2/19/18 involving Tenant #2. The incident report noted on 2/18/18 at 5:00 a.m. staff sat the resident (up) and noted above (his/her) elbow moved to the right and below his/her elbow joint moved to the left. Follow up on the incident report identified Tenant #2 reported a staff person pulled too hard on his/her arm when attempting to lift him/her. A statement from Staff D attached to the incident report, noted Tenant #2 told Staff D on 2/17/18 a 3rd shift worker grabbed the tenant by one arm and yanked the tenant up by one arm. The tenant reported he/she felt a pop and it hurt since. Tenant #2 was transported to the Emergency Department on 2/18/18 as a result of this injury.

Record review revealed the Program's policy regarding Abuse and Neglect, revised 7/2012. According to the policy, Bickford Directors and other healthcare professionals who had reasonable cause to believe a resident had been abused, neglected, or exploited should report the information immediately to the State certification authority. The policy further directed, "The reporting procedure will be to contact the State

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A 003	Continued From page 2 certification authority within 24 hours... The report must be made to local law enforcement agency at times when the State office is not open. A report will be called into the State office on their next working day by the Director." Continued record review revealed the allegation not reported to the Department of Inspections and Appeals. An interview with the Executive Director, Registered Nurse Coordinator, Assistant Registered Nurse and Divisional Director of Residential Services on 3/8/18 at 10:30 AM confirmed a report not made to the Department of Inspections and Appeals regarding alleged abuse of Tenant #2. They did not believe the program was required to notify the Department of the incident because they did not believe Tenant #2 was a dependent adult. In addition, the Assistant Registered Nurse reported being told by staff at the Emergency Department they would be reporting the incident to the Department of Human Services, so he did not think another report needed to be made to the Department.	A 003		

OK
5/29/18

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Plan of Correction
Muscatine Bickford Cottage

A 003—Program Policies and Procedures

Regulatory Insufficiency: Program failed to notify the Department of suspected abuse within 24 hours or next business day in accordance with Program policy.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Bickford will follow policy and State requirements regarding notification of the Department with allegation of resident abuse, neglect or exploitation.

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 Abuse and Neglect policy and State Regulations on program notification to the Department on 5/1/18.
- The Director/RNC will immediately notify the Divisional Director of Resident Services or Divisional Director of Operations of any allegations of abuse, neglect or exploitation and determine if allegation meets requirement of program notification to the Department.

The program will monitor performance to ensure compliance as follows:

- Divisional will audit resident incidents at least twice per year during onsite visits and as needed to ensure that the facility has notified the Department of suspected abuse within 24 hours or next business day in accordance with policy.

Date deficiencies corrected by: 05/01/18