V 6/21/18 OK 6/20/18

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
	S0042	A. BUILDING: _____ B. WING _____	C 05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE URBANDALE	5915 SUTTON PLACE URBANDALE, IA 50322

(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: 31 Number of tenants with cognitive disorder: 11 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 14 TOTAL Census of Assisted Living Program for People with Dementia: 56 The following regulatory insufficiencies were cited during the investigation of Complaint #75289-C:	A 000	See attached POC 6/19/18	
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. This REQUIREMENT is not met as evidenced by:	A 003		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 003	Continued From page 1 Based on interview and record review the Program staff failed to consistently follow policy and procedures as outlined in the Program's Handbook/manual. This affected 1 of 4 tenants reviewed as a result of Complaint 75289-C and potentially affected all tenants. Finding follows: When interviewed on 5/21/18 at 1:12 p.m. Staff B confirmed Staff A brought her child to the Program on 3/24/18. According to Staff B, Staff A borrowed her car because she had a family emergency. When Staff A returned she had her child. Record review on 5/22/18 revealed the Program's policy regarding visitors, in particular children. "Having children at work is discouraged due to supervision and safety concerns. Only under special circumstances may children accompany BFMs (Bickford Family Members) to work without prior authorization from your supervisor." When interviewed on 5/22/18 at 11:00 a.m. the Administrator confirmed Staff A had an emergency and brought her child to work without prior approval and/or authorization of her supervisor. She acknowledged that staff having a child at work could interfere with the care provided to tenants.	A 003		

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6/21/18 OK 6/20/18

Plan of Correction
Urbandale Bickford Cottage

A 003 Program Policies and Procedures
Regulatory Insufficiency: The Program staff failed to consistently follow policies and procedures as outlined in the Program's Handbook/manual.

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

- The Director completed an all-staff mandatory in-service on June 19th, 2018 reviewing the Bickford Family Member handbook and Personnel Policy, specifically Bickford's policy addressing visitors on the premises during on-duty, working hours. During the in-service, Policy 24400-Visitors and the Handbook were reviewed and all Bickford staff were re-educated on these policies and the requirement to inform the Director when emergency situations arise. Additionally, the BFM directly involved in this incident was given formal counseling for failing to contact the Director to inform of the emergency situation and having her child with her while on duty.

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

- The Director will ensure that current BFMs, as well as all new hires, are trained accordingly and adhere to the Handbook, Policy expectations and requirements.
-

The program will monitor performance to ensure compliance as follows:

- Divisionals will audit BFM employee files annually to ensure they are completed as required.

Date deficiencies corrected by: 06.19.18 and on-going