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
	S0010	A. BUILDING: _____ B. WING _____	C 10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE CLINTON	1150 13TH AVE N CLINTON, IA 52732

(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. Number of tenants without cognitive disorder: 32 Number of tenants with cognitive disorder: 6 TOTAL Census of Assisted Living Program for People with Dementia: 38 The investigation of Complaint #77764-C was completed, which resulted in regulatory insufficiencies. The recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program also resulted in regulatory insufficiencies.	A 000	See attached POC 11/16/18	
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

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A 003	Continued From page 1 Based on record review and interview the Program failed to follow policy and procedure regarding completion of incident reports. This pertained to 1 of 6 current tenants (Tenant #2). Findings follow: Record review on 10-15-18 revealed Tenant #2's progress notes included the following: a. On 7-16-18 (late entry for 7-13-18) staff received a call from another tenant who reported Tenant #2 was in their apartment. Staff responded and found him in another apartment. Staff attempted to redirect and Tenant #2 squeezed staff's hand tightly. Another staff stood in the doorway and also tried to redirect him out of the apartment. As he began to walk out of the apartment, staff followed him and he turned around and pushed staff down onto another tenant's bed and screamed at staff to get back into bed. b. On 7-21-18 Tenant #2 was very agitated and had already been redirected many times. He was physical with another tenant, hitting the other tenant with shoes. Staff was able to separate the tenants. c. On 9-12-18 staff heard screaming and went to see what occurred. Staff found Tenant #2 standing over another tenant, who was at that time, on the her hands and knees. Tenant #2 was redirected back to his apartment. d. On 9-19-18 staff tried to redirect Tenant #2 to the bathroom. Tenant #2 grabbed a lamp and threatened to hit staff with it, saying, "Don't you do it," and shaking the lamp at staff. e. On 9-18-18 Tenant #2 screamed at staff to	A 003		

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A 003	Continued From page 2 get out of his apartment. After a few minutes, as staff sat in a chair, he became loud and hit staff in the leg with a belt and tried to hit staff in the face. f. On 10-5-18 Tenant #2 was found in another tenant's apartment and refused to leave. Tenant #2 was sat in a wheelchair and removed from the apartment. A half hour later Tenant #2 was in the another tenant apartment and would not leave. Tenant #2's private duty caregiver was present on both occasions. Staff attempted to have him leave the apartment, offered coffee and dessert. Redirection was not effective. He then shoved a staff out of his way and started yelling. Staff got a wheelchair and sat him down in it, and removed him from the apartment. An as needed (PRN) medication was given for the behavior. Continued record review revealed incident reports could not be located for the incidents. Record review revealed the Program's policy and procedure regarding incident and accident reports directed, for tenants, staff or visitors, incidents and accidents were to be reported and documented immediately after they occurred. Incidents and accidents included but were not limited to: medication errors, staff or visitor injuries, tenant falls or injuries. The incidents or accidents should be documented on the Incident Report form immediately following the occurrence. Any incident also required documentation in the progress notes. When interviewed on 10-17-18 at 11:12 a.m. the Director revealed the incident with the lamp and belt occurred with private duty staff (employees of the program that were working private duty). The incidents were documented in Progress notes.	A 003		

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A 003	Continued From page 3 When interviewed on 10-17-18 at 1:00 p.m. the Nurse confirmed there were no incident reports for the incidents noted above; however, they were documented in Progress Notes.	A 003		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently provide adequate and appropriate services. This pertained to 2 of 6 current tenants reviewed (Tenant #1 and Tenant #4). Findings follow: 1. Observations of Tenant #1 included the following: a. On 10-16-18 at approximately 12:45 p.m. Tenant #1 was lying in bed and a Hospice volunteer was present. Tenant #1 had yogurt and the Hospice volunteer reported Tenant #1 had difficulty swallowing. (Tenant #1's family member confirmed the yogurt was from her refrigerator). b. On 10-17-18 at 9:15 a.m. there was tray noted on the over the bed table with a brownie, biscuit and gravy and yogurt. Tenant #1 was not observed consuming the items placed on the tray.	A 013		

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A 013	Continued From page 4	A 013		

c. On 10-17-18 at 1:52 p.m. Tenant #1 was observed and the nasal cannula from the oxygen was not in place. The Director and the Backup Nurse were immediately informed and the Backup Nurse responded to Tenant #1's apartment to assist.

Record review on 10-15-18 revealed Tenant #1's diagnoses included: emphysema and muscle atrophy. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 received Hospice services.

Continued record review revealed an End of Life Task Sheet for staff to document Tenant #1's repositioning every two hours, oral care at least every two hours, a check of the brief a minimum of every two hours, and medications given (Lorazepam, Roxanol or Atropine). Continued review of the sheet reflected a lack of documentation of cares including repositioning, oral cares and a brief check from 10:00 a.m. to 4:00 p.m. on 10-15-18 (during the time of the investigation)

When interviewed Tenant #1's family member reported being in Tenant #1's apartment on 10-16-18 from a little before 10:00 a.m. until 12:30 p.m. and then back at 2:30 p.m. until 4:00 p.m. Tenant #1's family reported staff did not come in and provide the tasks indicated on the task sheet during the time the family was present. The family member voiced concerns regarding cares not provided for Tenant #1 and staff not checking on Tenant #1. Tenant #1's family also reported in August 2018 waiting for two hours three times for as needed breathing treatments for Tenant #1 around the lunch meal. The family member reported requesting a breathing

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A 013	Continued From page 5 treatment in the evening when it was not provided. During interviews on 10-15-18 and 10-17-18 Hospice Nurses revealed Tenant #1 had a wound on the coccyx. One of the nurses reported she spoke to staff regarding repositioning Tenant #1 more frequently, at least every two hours. Tenant #1 was checked and changed in bed, but staff had also taken her to the restroom and use bed pan at times. 2. When interviewed Tenant #1's family member reported requesting a tray meal in the evening when it was not provided. The family member voiced concerns regarding meals not being provided to Tenant #1. The family member stated Tenant #1 had also verbalized concerns regarding meals. The family member visited with the Nurse a couple of weeks ago regarding having a tray brought in for Tenant #1. During interviews on 10-15-18 and 10-17-18 Hospice Nurses reported staff were concerned about Tenant #1 aspirating. Tenant #1 could have a general diet and was allowed to eat whatever she wanted, including pleasure foods. Staff reported Tenant #1 would take a couple bites and aspirate. When interviewed on 10-17-18 at 9:41 p.m. the Kitchen Manager reported staff asked Tenant #1 if she wanted to eat the meals. She reported four out of seven days Tenant #1 received breakfast trays or lunch trays. Seven out of seven days Tenant #1 received a meal tray for the evening meal. On other days when a room tray was not delivered a sherbet cup, beverage and ice cream were offered. Staff reported concerns with	A 013		

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A 013	Continued From page 6	A 013		

Tenant #1 choking on food; however, the Kitchen Manager had not witnessed it. She spoken to the Nurse three weeks ago regarding an order for Tenant #1's diet and a clarification had not been received.

When interviewed Staff A reported when she assisted Tenant #1 with her breathing treatment in the morning she would ask her if she would like some food and a beverage. Tenant #1 loved sweet things and usually had Ensure and juice. That morning she declined when Staff A asked and accepted when another staff asked her if she wanted food. Staff A indicated swallowing was a factor, as Tenant #1 could not swallow properly and aspirated. Tenant #1 did not accept food greater than 50% of the time when asked. The Hospice aide fed her yogurt and Tenant #1 choked on it. Breakfast and lunch were offered and Staff A indicated it was a difficult situation. Tenant #1 verbally declined food/meals.

When interviewed on 10-17-18 at 10:22 a.m. Staff G reported Tenant #1 often was asleep or refused meals. Room trays were offered every day. For breakfast sweet items or waffles, lunch was a milkshake or sweet dessert, and once in awhile Tenant #1 would want a full tray. Seven days per week Tenant #1 was offered a tray at the evening meal. Staff G reported a tray should be offered at breakfast/lunch and quite often Tenant #1 refused. Items were brought down for breakfast about three to four times per week when Staff G worked, rarely for lunch. At the evening meal a tray was put in the refrigerator if Tenant #1 was asleep.

Record review revealed a Memo regarding Tenant #1 dated 9-28-18 from the Nurse reflected staff was to wake her if asleep at meal times and

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to tell her it was time to take her to the dining room for a meal. If Tenant #1 refused, staff was to provide options so Tenant #1 could choose what she wanted to eat. Staff was not bring her what was leftover or what was easiest. Tenant #1 verbalized she was tired of grilled cheese sandwiches. If Tenant #1 declined to eat at all staff was to indicated that on the task sheet.

Further record review revealed the current service plan did not reflect Tenant #1 decreased appetite, meal refusals, aspiration with eating, beverages and foods to be offered and the frequency of those offerings. The Task Sheet-Individual for October 2018 did not reflect any documentation of refusals to eat as was indicated in the Memo noted above.

When interviewed on 10-16-18 at 10:07 a.m. and 10-17-18 at 1:00 p.m. the Nurse reported Tenant #1 required a general diet. Staff were supposed to offer a drink and Tenant #1's family member wanted a full tray offered. Tenant #1 felt like she was getting the left overs offered. A Memo was posted for staff regarding Tenant #1's meals. Prior to the Memo some staff would not wake Tenant #1 for meals and some staff had voiced concerns of Tenant #1 choking (regarding why meals were not offered to Tenant #1). She thought the longest time Tenant #1 went without might be one meal.

When interviewed on 10-17-18 at 11:12 a.m. the Director revealed Tenant #1's family member was upset and wanted Tenant #1 to get out of bed, dressed and to the dining room. Staff did not do this because Tenant #1 did not want to come out. Tenant #1's family member wanted staff to bring a tray for each meal and staff did for a period of time, but Tenant #1 would not eat it. Staff were

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A 013	Continued From page 8 instructed to offer suggestions, soft foods, soup and ice cream, yogurt, cottage cheese. Tenant #1 was offered food at all meal times. In summary, Tenant #1's end of life cares were not documented for a time period on 10-15-18 and family presence confirmed the lack of cares provided by staff on 10-16-18. Tenant #1 and Tenant #1's family member voiced concerns to the Program regarding the lack of offering of meals or the food offered. The Nurse confirmed there were issues with the offering of meals due to Tenant #1 sleeping and choking concerns. There were also family concerns voiced regarding lack of timeliness for the administration of as needed breathing treatments. Tenant #1 did not receive services that were adequate and appropriate related to end of life cares.	A 013		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037		

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This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 6 of 7 tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6). Findings follow:

1. Record review revealed Tenant #1's progress notes included the following:

a. On 7-31-18 Tenant #1 had a stage II pressure ulcer to her coccyx treated with Calmoseptine and barrier cream.

b. On 8-22-18 Tenant #1 had a stage II pressure ulcer to her coccyx treated with barrier cream and repositioning. Tenant #1 had an alternating flow mattress on her bed to onset the pressure.

c. On 8-31-18 Hospice assessed rash and would like to treat for shingles and new order was received.

d. On 9-20-18 it was noted a change of condition assessment was completed and the stage II pressure ulcer had healed and the shingles had resolved. Tenant #1 was able to sit in her chair for meals and uses the wheelchair to use the bathroom or go any distance.

e. On 10-2-18 Tenant #1 refused to eat the majority of meals, staff attempted to offer favorite foods which she would or would not eat. Health and function had declined. Staff provided

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complete care to Tenant #1 in cooperation with Hospice. End of life services were initiated. Tenant #1 used breathing treatments twice per day and as needed.

Continued record review revealed a Hospice IDG Comprehensive Assessment and Plan of Care (dated 9-19-18) reflected equipment used included: a hospital bed, oxygen concentrator, oxygen cylinder and nebulizer machine.

Record review on 10-15-18 of Tenant #1's file revealed diagnoses included: emphysema and muscle atrophy. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 received Hospice services.

An End of Life Task Sheet was in place for staff to document the repositioning every two hours, mouth care at least every two hours, a check of the brief a minimum of every two hours and medications given (Lorazepam, Roxanol or Atropine).

When interviewed on 10-15-18 at 11:03 and on 10-17-18 at 11:03 a.m. Hospice Nurses confirmed Tenant #1 had a wound on the coccyx. The Nurse reported she spoke to staff regarding repositioning more frequently, at least every two hours. Tenant #1 was checked and changed in bed, but staff had also taken her to the restroom and use bed pan at times. The Hospice Nurses also reported staff was concerned about Tenant #1 aspirating. Tenant #1 had a general diet and was allowed to eat whatever she wanted, including pleasure foods. Tenant #1 would take a couple bites and aspirate.

A Memo regarding Tenant #1 dated 9-28-18 from

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the Nurse reflected staff was to wake her if asleep at meal times and to tell her its time to take her to the dining room for a meal. If Tenant #1 refused provide options so Tenant #1 could choose what she wanted to eat. Staff was not bring her what was leftover or what was easiest. Tenant #1 verbalized she was tired of grilled cheese sandwiches. If Tenant #1 declined to eat at all staff was to indicated that on the task sheet.

Record review revealed evaluations were completed on 7-6-18 and 9-20-18. Cognitive, health and functional evaluations were not completed with significant change to include: end of life cares including repositioning, decreased health and functional status, pressure ulcer and treatment (with reoccurrence), shingles and treatment, changes in activities of daily living, breathing treatments scheduled and needed, oxygen, decreased appetite, meal refusals, aspiration with eating, beverages and foods to be offered and the frequency of those offerings.

2. Record review on 10-15-18 revealed Tenant #2's progress notes included the following:

a. On 7-16-18 (late entry for 7-13-18) staff received a call from another tenant who reported Tenant #2 was in their apartment. Staff responded and found him in another apartment. Staff attempted to redirect and Tenant #2 squeezed staff's hand tightly. Another staff stood in the doorway and also tried to redirect him out of the apartment. As he began to walk out of the apartment, staff followed him and he turned around and pushed staff down onto another tenant's bed and screamed at staff to get back into bed.

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b. On 7-21-18 Tenant #2 was very agitated and had already been redirected many times. He was physical with another tenant, hitting the other tenant with shoes. Staff was able to separate the tenants.

c. On 9-12-18 staff heard scream and went to see what occurred. Staff found Tenant #2 standing over another tenant, who was at that time, on the her hands and knees. Tenant #2 was redirected back to his apartment.

d. On 9-19-18 staff tried to redirect Tenant #2 to the bathroom and he grabbed a lamp and threatened to hit staff with it. He said "Don't you do it," and shook the lamp at staff.

e. On 9-18-18 Tenant #2 screamed at staff to get out of his apartment. After a few minutes staff was seated in the chair and he became loud and hit staff in the leg with a belt and tried to hit staff in the face.

f. On 10-5-18 Tenant #2 was found in another tenant's apartment and refused to leave. Tenant #2 sat in a wheelchair and was removed from the apartment. A half hour later Tenant #2 was in the another tenant apartment and would not leave. The private duty caregiver was present on both occasions. Staff attempted to have him leave the apartment, offered coffee and dessert and redirection was not effective. He then shoved a staff out of his way and started yelling. Staff got a wheelchair and sat him down in his wheelchair and removed him from the apartment. An as needed medication was given.

Continued record review revealed Incident Reports-Resident forms indicated the following:

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A 037	Continued From page 13 a. On 7-19-18 another tenant claimed Tenant #2 walked past her and hit her in the head. The other tenant's hair was messed up and glasses were on the floor. Staff separated the two tenants. b. On 7-29-18 staff was approached by a visitor and another tenant who was upset. The other tenant explained Tenant #2 came into her apartment. She told him he was in the wrong apartment and to leave. Tenant #2 became agitated swung his arm toward her and she at the same time did a swinging motion and said Tenant #2 hit her chest. The other tenant said he went to swing again and missed. Record review revealed evaluations completed on 9-13-18 and 9-28-18; however, evaluations were not completed with significant change to include: wandering despite the hired caregivers and with the extent of the physical aggressive towards tenants and staff. 3. Record review on 10-15-18 of Tenant #3's file revealed diagnoses included: flaccid hemiplegia affecting the left non-dominant side, severe morbid obesity and generalized muscle weakness. When interviewed on 10-17-18 at 1:00 p.m. the Nurse revealed Tenant #3 received toileting assistance before and after meals and at least four other times during first and second shifts. When interviewed on 10-17-18 at the time of exit meeting the Director revealed third shift reported Tenant #3 used a bedside commode at night for toileting.	A 037		

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A 037	Continued From page 14 Additional record review revealed cognitive, health and functional evaluations completed on 10-8-18. The evaluations were not completed with significant change including for: the use of the bedside commode at night and routine toileting assistance before and after meals. 4. Record review on 10-15-18 revealed Tenant #4's Progress Notes indicated the following: a. On 9-21-18 Tenant #4's family reported Tenant #4 felt she had a urinary tract infection (UTI) and had some pain with urination. A call was placed to the physician and a urinalysis (UA) was ordered. The UA results returned and were positive for a UTI. Orders were received to start an antibiotic. b. On 9-25-18 it was noted the previously ordered antibiotic was discontinued and a new antibiotic was started. Continued record review revealed a fax to the physician, dated 7-3-18, reflected an order for Arnicare pain relief four times per day. Additional record review revealed cognitive, health and functional evaluations were completed on 9-17-18. The evaluations were not completed as needed with significant change including: the UTI and change in frequency of the application of the topical physician ordered treatment. 5. Record review of Tenant #5's file revealed a history of UTIs. Physician orders documents reflected the following: a. On 9-26-18 a fax to the primary care provider	A 037		

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indicated a course of Diflucan was completed on 9-25-18. The area was not improved and was not healed. It was noted the buttocks area had not improved significantly. Staff reported the affected area had spread to her upper legs and perineal area. An order for a wound clinic was obtained.

b. On 10-3-18 a Physician Visits documented reflected Tenant #5 had an irritated and inflamed area on both buttocks that had began to spread. The irritation began on 8-20-18. Baza cream was initially used and then Miconazole with no improvement noted. Tenant #5 wiped with excess toilet paper, which lead to bleeding. An order was recently received for Diflucan 100 milligram (mg) for seven days which had no improvement. Tenant #5's buttocks was very fragile, reddish purple in color and peeling in some areas. The summary of the visit noted the issue as incontinence dermatitis. It indicated to stop all chemicals in case there was sensitivity to a product, start a one week trial of Silvadene cream to all red areas on buttocks, perineum and thighs. Rinse wet wipes to be used on skin to eliminate chemicals, timed voiding every two hours to prevent incontinence, might need to switch brief brands, position on the side when lying down, lie down after meals and remove brief if possible. Silvadene cream, area to be cleansed red skin after voiding.

c. On 10-10-18 Wound Care Center orders directed to stop all lotions and creams except Silvadene and use Silvadene twice daily and after toileting for one more week. The orders directed to then return to Baza cream without Nystatin powder. If wipes were used, they should be rinsed first to remove as much chemicals as possible. The orders directed to increase protein in the diet, turn every two hours, avoid directing

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A 037	Continued From page 16	A 037		

pressure to the wound site, limit side lying to 30 degree tilt and limit head of bed elevation to 30 degrees when in bed.

Continued record review revealed cognitive, health and functional evaluations completed on 9-26-18 were not completed as needed with significant change including for: the wound clinic referrals, new wound care orders, two hour toileting schedule, rinsing of wet wipes before use, positioning recommendations and instructions for the bed.

6. Record review revealed Tenant #6's Progress Notes indicated the following:

a. On 7-1-18 it was noted Tenant #6 had a stage II pressure ulcer to the coccyx and intermittent skin tears.

b. On 7-11-18 Tenant #6 had bilateral edema noted in the lower legs and feet. A blister was also noted on Tenant #6's shin and was filled with fluid. It measured 8 centimeter (cm) x 6 cm.

c. On 8-22-18 Tenant #6 had a stage II pressure ulcer to the coccyx, shearing was noted on the left buttock and an open area to the left lower extremity (LLE) from a blister that opened. Tenant #6 was on a pureed diet with nectar thickened liquids.

Continued record review revealed Tenant #6's Hospice Plan of Care Update Reports indicated the following:

a. An order dated 8-3-18 reflected to cleanse area to LLE with wound cleanser, apply triple antibiotic ointment cover with non-adherent gauze

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A 037	Continued From page 17 and 4 x 4s, secure with Kerlix and tape to done daily. Program staff was to change on non-skilled nursing visits (SNV) days. It also noted equipment provided included: a hospital bed and side rails. b. An order dated 8-14-18 reflect to cleanse area to the LLE with wound cleanser, apply Bacitracin, cover with non-adherent gauze and 4 x 4s, secure with Kerlix and tape (program staff to change on non-SNV days). Continued record review revealed cognitive, health and functional evaluations were completed on 6-7-18. Evaluations were not completed as needed with significant change including for: the hospital bed, the pureed diet, wounds to the LLE and treatment and the stage II pressure ulcer to the coccyx and treatment. 7. When interviewed on 10-17-18 at 1:00 p.m. the Nurse indicated all evaluation documents for the tenants indicated above were provided.	A 037		
A 045	481-69.23(1)g 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: g. Has unmanageable incontinence on a routine basis despite an individualized toileting program This REQUIREMENT is not met as evidenced by:	A 045		

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A 045	Continued From page 18 Based on interview and record review the Program failed to follow the criteria for admission and retention of tenants by retained a tenant with unmanageable incontinence. This pertained to 1 of 6 current tenants reviewed (Tenant #1). Findings follow: 1. Record review on 10-15-18 of Tenant #1's file revealed diagnoses included: emphysema and muscle atrophy. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 received Hospice services. An End of Life Task Sheet was in place for staff to document the repositioning every two hours, mouth care at least every two hours, a check of the brief a minimum of every two hours, and medications given (Lorazepam, Roxanol or Atropine). Progress Notes indicated the following: a. On 7-31-18 it was noted Tenant #1 had a stage II pressure ulcer to her coccyx that was treated with Calmoseptine and barrier cream. b. On 8-22-18 it was noted Tenant #1 had a stage II pressure ulcer to her coccyx that was treated with barrier cream and repositioning. Tenant #1 had an alternating flow mattress on her bed to onset the pressure. c. On 8-31-18 it was noted Hospice assessed rash and would like to treat for shingles and new order was received. d. On 9-20-18 it was noted a change of condition assessment was completed and the stage II pressure ulcer had healed and the shingles had	A 045		

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resolved. Tenant #1 was able to sit in her chair for meals and uses the wheelchair to use the bathroom or go any distance.

e. On 10-2-18 it was noted Tenant #1 refused to eat the majority of meals, staff attempted to offer favorite foods which she would or would not eat. Health and function had declined. Staff provided complete care to Tenant #1 in cooperation with Hospice. End of life services were initiated. Tenant #1 used breathing treatments twice per day and as needed.

Continued record review revealed a Hospice IDG Comprehensive Assessment and Plan of Care (dated 9-19-18) reflected equipment used included: a hospital bed, oxygen concentrator, oxygen cylinder and nebulizer machine. It also reflected Tenant #1 was no longer getting out of bed and her appetite was very poor.

A Hospice IDG Comprehensive Assessment and Plan of Care (dated 10-1-18) reflected Tenant #1 was no longer getting out of bed and her appetite was very poor.

Observations included the following:
a. On 10-16-18 at approximately 12:45 p.m. Tenant #1 was lying in bed and a Hospice volunteer was present. Tenant #1 had yogurt and the Hospice volunteer reported Tenant #1 had difficulty swallowing. (Tenant #1's family member confirmed the yogurt was from her refrigerator).

b. On 10-16-18 at 3:50 p.m. Tenant #1 was observed lying in bed. Family was present.

c. On 10-16-18 at 4:58 p.m. Tenant #1 was observed resting with her eyes closed lying in bed.

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d. On 10-17-18 at 9:15 a.m. there was tray noted on the over the bed table with a brownie, biscuit and gravy and yogurt. Tenant #1 was not observed consuming the items placed on the tray.

e. On 10-17-18 at 12:35 p.m. Tenant #1 was observed sleeping in bed.

f. On 10-17-18 at 1:52 p.m. Tenant #1 was observed sleeping in bed. The nasal cannula from the oxygen was not in place. The Director and the Backup Nurse were immediately informed and the Backup Nurse responded to Tenant #1's apartment to assist.

When interviewed on 10-15-18 and 10-17-18 Hospice Nurses revealed Tenant #1 had a wound on the coccyx and she spoke to staff regarding repositioning more frequently, at least every two hours. Staff was concerned about Tenant #1 aspirating. Tenant #1 had a general diet and was allowed to eat whatever she wanted, including pleasure foods. Tenant #1 would take a couple bites and aspirate. Tenant #1 was checked and changed in bed, but staff had also taken her to the restroom and use bed pan at times.

When interviewed Staff C reported she was not aware of Tenant #1 being out of the bed in the last month or so. Tenant #1 was checked and changed in bed for incontinence care and was fully incontinent. Tenant #1 was on end of life cares.

When interviewed Staff D reported Tenant #1 might be a check and change and she spent the majority of the time in bed.

When interviewed Staff E reported Tenant #1 was

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A 045	Continued From page 21 changed in bed every two hours. When interviewed Staff F reported Tenant #1 had not gotten out of bed to go to bathroom and staff changed her protective undergarment in bed. She might be able to roll and lift up to assist staff with toileting. When interviewed on 10-16-18 at 10:07 a.m. and 10-17-18 at 1:00 p.m. the Nurse reported staff checked Tenant #1's protective undergarment regarding incontinence care, provided oral cares, repositioned. Tenant #1 was incontinent of bladder and bowel. When asked if Tenant #1 could assist with toileting the Nurse was unsure. Tenant #1 was out of bed one time last week in her chair.	A 045		
A 050	481-69.24(1)a Involuntary Transfer from Program 481-69.24(231C) Involuntary transfer from the program. 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply: a. The program shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer the tenant and of the reason for the transfer and shall include the contact information for the office of long-term care ombudsman.	A 050		

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A 050	Continued From page 22 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to notify the tenant or tenant's legal representative of the reason for involuntary transfer. This pertained to 1 of 1 tenant with a 30 day notice to discharge and transfer (Tenant #2). Findings follow: When interviewed on 10-11-18 at 10:30 a.m. the Director revealed Tenant #2 had been given a 30 day notice for transfer on 10-5-18. Record review revealed a 30 day Notice to Discharge and Transfer letter dated 10-5-18 addressed to Tenant #2's legal representative. The letter indicated Tenant #2 exceeded the level of care and would need to transfer no later than 11-5-18. The letter addressed if the transfer was contested the Program's internal appeals process would be utilized. If appealed, an argument as to why the transfer decision was incorrect would be made. Any written materials in support of the argument would need to be received within 10 working days of the letter. The letter sent to Tenant #2's legal representative failed to provide the reason for Tenant #2's transfer as required. Continued record review revealed a certified letter sent on 10-9-18 at 2:43 p.m. to Tenant #2's legal representative. On the document provided it was indicated no return signature received. The letter was not mailed certified until 10-9-18 at 2:43 p.m., which was four days after the date of the letter addressed to Tenant #2's legal representative. When interviewed on 10-16-18 at 12:19 p.m. Tenant #2's legal representative revealed a	A 050		

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A 050	Continued From page 23 written letter regarding transfer notice had not been received.	A 050		
A 051	481-69.24(1)b Involuntary Transfer from Program 481-69.24(231C) Involuntary transfer from the program. 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply: b. The program shall immediately provide to the office of long-term care ombudsman, by certified mail, a copy of the notification and notify the tenant's treating physician, if any. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to immediately notify the Office of the Long-Term Care Ombudsman and the tenant's treating physician of involuntary transfer via certified mail. This pertained to 1 of 1 tenant with a 30 day notice of transfer (Tenant #2). Findings follow: When interviewed on 10-11-18 at 10:30 a.m. the Director revealed Tenant #2 had been given a 30 day notice for transfer on 10-5-18. Record review revealed a 30 day Notice to Discharge and Transfer letter dated 10-5-18	A 051		

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A 051	Continued From page 24 addressed to Tenant #2's legal representative. The letter indicated Tenant #2 exceeded the level of care and would need to transfer no later than 11-5-18. The letter addressed if the transfer was contested the Program's internal appeals process would be utilized. If appealed, an argument as to why the transfer decision was incorrect would be made. Any written materials in support of the argument would need to be received within 10 working days of the letter. The letter also indicated Long Term Care Ombudsman was carbon copied. Continued record review revealed electronic mail (email) provided indicated the Local Long Term Care Ombudsman was notified of the notice for transfer on 10-9-18 via email. A fax was sent to the Tenant #2's primary care provider regarding the need to discharge due to exceeding level of care. The fax was dated 10-9-18. In summary, the letter addressed to Tenant #2's legal representative was dated 10-5-18. The Long Term Care Ombudsman was notified on 10-9-18, four days after the letter was dated. The notification of the Long Term Care Ombudsman was sent via email and not certified mail as required.	A 051		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are	A 083		

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A 083	Continued From page 25 needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed with significant change and failed to ensure service plans reflected identified needs of tenants. This pertained to 5 of 7 tenants reviewed (Tenants #1, #2, #4,#5 and #6). Findings follow: 1. Record review revealed an End of Life Task Sheet for staff to document Tenant #1's repositioning every two hours, mouth care at least every two hours, a check of the brief a minimum of every two hours and medications given (Lorazepam, Roxanol or Atropine). Continued record review revealed Tenant #1's Progress Notes indicated the following: a. On 7-31-18 it was noted Tenant #1 had a stage II pressure ulcer to her coccyx that was treated with Calmoseptine and barrier cream. b. On 8-22-18 it was noted Tenant #1 had a stage II pressure ulcer to her coccyx that was treated with barrier cream and repositioning. Tenant #1 had an alternating flow mattress on her bed to onset the pressure. c. On 8-31-18 it was noted Hospice assessed rash and would like to treat for shingles and new order was received.	A 083		

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d. On 9-20-18 it was noted a change of condition assessment was completed and the stage II pressure ulcer had healed and the shingles had resolved. Tenant #1 was able to sit in her chair for meals and uses the wheelchair to use the bathroom or go any distance.

e. On 10-2-18 it was noted Tenant #1 refused to eat the majority of meals, staff attempted to offer favorite foods which she would or would not eat. Health and function had declined. Staff provide complete care to Tenant #1 in cooperation with Hospice. End of life services were initiated. Tenant #1 used breathing treatments twice per day and as needed.

When interviewed on 10-15-18 and 10-17-18 at 11:03 a.m. the Hospice Nurses revealed Tenant #1 had a wound on the coccyx. Staff were instructed to reposition\more frequently, at least every two hours. Staff was concerned about Tenant #1 aspirating. Tenant #1 had a general diet and was allowed to eat whatever she wanted, including pleasure foods. Tenant #1 would take a couple bites and aspirate. Tenant #1 was checked and changed in bed, but staff had also taken her to the restroom and use bed pan at times.

Continued record review revealed a Hospice IDG Comprehensive Assessment and Plan of Care (9-19-18) reflected equipment used included: a hospital bed, oxygen concentrator, oxygen cylinder and nebulizer machine.

A Memo regarding Tenant #1 dated 9-28-18 from the Nurse reflected staff was to wake her if asleep at meal times and to tell her its time to take her to the dining room for a meal. If Tenant #1 refused provide options so Tenant #1 could

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A 083	Continued From page 27	A 083		

choose what she wanted to eat. Staff was not bring her what was leftover or what was easiest. Tenant #1 verbalized she was tired of grilled cheese sandwiches. If Tenant #1 declined to eat at all staff was to indicated that on the task sheet.

Record review on 10-15-18 of Tenant #1's file revealed diagnoses included: emphysema and muscle atrophy. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 received Hospice services.

Continued record review revealed service plans, dated 7-6-18 and 9-20-18. The service plans were not updated with significant change to reflect the following: end of life cares including repositioning, decreased health and functional status, pressure ulcer and treatment (with reoccurrence), shingles and treatment, changes in activities of daily living, breathing treatments scheduled and needed, oxygen, decreased appetite, meal refusals, aspiration with eating, beverages and foods to be offered and the frequency of those offerings.

2. Record review revealed the ALP Monitoring Entrance Form, completed by the Program, identified Tenant #2 as a tenant who wandered throughout the building.

Review of Tenant #2's Progress Notes indicated the following:

a. On 7-16-18 (late entry for 7-13-18) staff received a call from another tenant who reported Tenant #2 in their apartment. Staff responded and found him in another apartment. Staff attempted to redirect and Tenant #2 squeezed

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staff's hand tightly. Another staff stood in the doorway and also tried to redirect him out of the apartment. As he began to walk out of the apartment, staff followed him and he turned around and pushed staff down onto another tenant's bed and screamed at staff to get back into bed.

b. On 7-21-18 Tenant #2 was very agitated and had already been redirected many times. He was physical with another tenant, hitting the other tenant with shoes. Staff was able to separate the tenants.

c. On 9-12-18 staff heard screaming and went to see what occurred. Staff found Tenant #2 standing over another tenant, who was at that time, on her hands and knees. Tenant #2 was redirected back to his apartment.

d. On 9-19-18 staff tried to redirect Tenant #2 to the bathroom and he grabbed a lamp and threatened to hit staff with it. He said "Don't you do it," and shook the lamp at staff.

e. On 9-18-18 Tenant #2 screamed at staff to get out of his apartment. After a few minutes staff was seated in the chair and he became loud and hit staff in the leg with a belt and tried to hit staff in the face.

f. On 10-5-18 Tenant #2 was found in another tenant's apartment and refused to leave. Tenant #2 was sat in a wheelchair and was assisted from the apartment. A half hour later Tenant #2 was in the another tenant's apartment and would not leave. The private duty caregiver was present on both occasions. Staff attempted to have him leave the apartment and offered coffee and dessert. Redirection was not effective. He then

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shoved a staff out of his way and started yelling. Staff got a wheelchair and sat him down in his wheelchair and removed him from the apartment. An as needed medication was given.

Incident Reports-Resident forms indicated the following:

a. On 7-19-18 another tenant claimed Tenant #2 walked past her and hit her in the head. The other tenant's hair was messed up and glasses were on the floor. Staff separated the two tenants.

b. On 7-29-18 staff was approached by a visitor and another tenant who was upset. The other tenant explained Tenant #2 came into her apartment. She told him he was in the wrong apartment and to leave. Tenant #2 became agitated swung his arm toward her and she, at the same time, did a swinging motion. She said Tenant #2 hit her chest. The other tenant said he went to swing again and missed.

Record review revealed Tenant #2's service plan, dated 9-26-18, reflected Tenant #2 was generally easily redirected, but at times would be become more agitated. Redirection included offering a snack or coffee, taking him for a walk or discussing things of interest to him. The service plan reflected 24/7 one to one caregiver. The service plan, dated 9-13-18, reflected Tenant #2 had some episodes of wandering into other tenant apartments and had some physical altercations with other tenant. Tenant #2 now had private caregivers. The service plan was not updated with significant change as needed to reflect the following: despite hired caregivers wandering still occurred and interventions that were effective and also did not provide

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A 083	Continued From page 30 interventions related to the physical altercations. 3. Record review on 10-15-18 of Tenant #4's file revealed Progress Notes indicated the following: a. On 9-21-18 Tenant #4's family reported Tenant #4 felt she had a urinary tract infection (UTI) and had some pain with urination. A call was placed to the physician and a urinalysis (UA) ordered. The UA results returned and were positive for a UTI. Orders were received to start an antibiotic. b. On 9-25-18 the previously ordered antibiotic was discontinued and a new antibiotic started. Additional record review revealed a fax to the physician, dated 7-3-18 reflected an order for Arnicare pain relief four times per day. Continued record review revealed the service plan dated 9-17-18 reflected staff applied the Arnicare gel to shoulders twice daily. The service plan was not updated as needed with significant change to reflect the following: the UTI and treatment and the frequency of the application of the Arnicare gel. 4. Record review of Tenant #5's file revealed physician orders reflected the following: a. On 9-26-18 a fax to the primary care provider indicated the course of Difulcan was completed on 9-25-18 and the area was not improved and was not healed. It was noted the buttocks area had not improved significant. Staff reported the affected area had spread to her upper legs and perineal area. An order for a wound clinic was obtained.	A 083		

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b. On 10-3-18 a Physician Visits documented reflected Tenant #5 had an irritated and inflamed area on the both buttocks that had began to spread. The irritation began on 8-20-18. Baza cream was initially used and then Miconazole with no improvement noted. Tenant #5 wiped with excess toilet paper, which lead to bleeding. An order was recently received for Diflucan 100 milligram (mg) for seven days which had no improvement. Tenant #5's buttocks was very fragile, reddish purple in color and peeling in some area. The summary of the visit noted the issue as incontinence dermatitis. It indicated to stop all chemicals in case there was sensitivity to a product, start a one week trial of Silvadene cream to all red areas on buttocks, perineum and thighs. Rinse wet wipes to be used on skin to eliminate chemicals, timed voiding every two hours to prevent incontinence, might need to switch brief brands, position on the side when lying down, lie down after meals and remove brief if possible. Silvadene cream, area to be cleansed red skin after voiding.

c. On 10-10-18 Wound Care Center orders reflected the following: to stop all lotions and creams except Silvadene. Use Silvadene twice daily and after toileting for one more week. Then return to Baza cream without Nystatin powder. If wipes were used to rinse wipes first to remove as much chemicals as possible, increased protein in the diet, turn every two hours, avoid directing pressure to the wound site, limit side lying to 30 degree tilt and limit head of bed elevation to 30 degrees when in bed.

Continued record review revealed Tenant #5's service plan, dated 9-26-18, reflected Tenant #5 had a yeast like infections on her buttocks and

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A 083	Continued From page 32 that spread to the perineal area and partially down her thighs. Nystatin powder was to applied to the area three times per day. The service plan was not updated as needed with significant change and did not reflect the following: the wound clinic referrals, new wound care orders, two hour toileting schedule, rinsing of wet wipes before use, positioning recommendations and instructions for the bed. 5. Record review on 10-16-18 of Tenant #6's file revealed Progress Notes indicated the following: a. On 7-1-18 it was noted Tenant #6 had a stage II pressure ulcer to the coccyx and intermittent skin tears. b. On 7-11-18 it was noted Tenant #6 had bilateral edema noted in the lower legs and feet. A blister was also noted on Tenant #6's shin and was filled with fluid. It measured 8 centimeters (cm) x 6 cm. c. On 8-22-18 it was noted Tenant #6 had stage II pressure ulcer to the coccyx, shearing was noted on the left buttock and on open area to the left lower extremity (LLE) from a blister that opened. Tenant #6 was on a pureed diet with nectar thickened liquids. Hospice Plan of Care Update Reports indicated the following: a. An order dated 8-3-18 reflected to cleanse area to LLE with wound cleanser, apply triple antibiotic ointment cover with non-adherent gauze and 4 x 4s, secure with Kerlix and tape to done daily. Program staff was to change on non-skilled nursing visits (SNV) days. It also	A 083		

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A 083	Continued From page 33 noted equipment provided included: a hospital bed and side rails. b. An order dated 8-14-18 reflect to cleanse area to the LLE with wound cleanser, apply Bacitracin, cover with non-adherent gauze and 4 x 4s, secure with Kerlix and tape (program staff to change on non-SNV days). Continued record review revealed Tenant #6's service plan, dated 6-7-18 reflected, Tenant #6 had edema to the BLE, that at times wept. Tenant #6 had fragile skin and had skin tears easily. The service plan reflected nectar thickened liquids. The service plan was not updated as needed with significant change and did not reflect the following: the hospital bed, the pureed diet, wounds to the LLE and treatment and the stage II pressure ulcer to the coccyx and treatment. 6. When interviewed on 10-17-18 at 1:00 p.m. the Nurse indicated all service plan documents related to the tenants indicated above were provided.	A 083		

V 12/13/18 OK 12/13/18

Plan of Correction
Clinton Bickford Cottage

A003 481-67.2 Program policies and procedures.
Regulatory Insufficiency: Program failed to follow policy and procedure regarding completion of incident reports.

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

- Resident #2 no longer resides at Bickford as of 10/23/18.

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

- Divisional Director of Resident Services will provide re-education on 11/15/18 to the Director and RNC on the Incident/Accident Report Policy, Communication Policy and Documentation Policy.
- The RNC will provide education to new staff members, upon hire, on the Incident/Accident Report Policy, Communication Policy and Documentation Policy.
- RNC will re-educate all staff members on Incident/Accident Report Policy, Communication Policy and Documentation Policy on 11/15/18. Those staff who are not in attendance shall be provided 1:1 education.

The program will monitor performance to ensure compliance as follows:

- The Director and RNC will review all Incident Report documentation to ensure that program staff properly complied with Incident/Accident Report Policy.
- Director and/or RNC will provide individual education or counseling for staff members who are not compliant with following appropriate policy guidelines.
- Divisional will audit resident records twice per year during onsite visits. To ensure that incidents have been properly documented.

Date deficiencies corrected by: 11/16/18

A013 481-67.3(2) Tenant Rights
Regulatory Insufficiency: Program failed to consistently provide adequate and appropriate services.

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

- RN Coordinator performed a Nursing Assessment, Cognitive Assessment, Service Assessment and a Service Plan update for Resident #1 on 11/13/18.
- Resident # 1 was provided a Level of Care Discharge Notice on 11/8/18.

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

- Divisional Director of Resident Services will provide re-education on 11/15/18 to the Director and RNC on the Incident/Accident Report Policy, Communication Policy, Documentation Policy, Nurse Review Policy, and Service Plan/Assessments Policy.
- Upon hire, the RNC will provide education to new staff members on the Incident/Accident Report Policy, Communication Policy and Documentation Policy.

- RNC will re-educate all staff members on Incident/Accident Report Policy, Communication Policy and Documentation Policy on 11/15/18. Those staff who are not in attendance shall be provided 1:1 education.

The program will monitor performance to ensure compliance as follows:

- The Director and RNC will review all Incident Report documentation to ensure that program staff properly complied with Incident/Accident Reporting Policy.
- RNC will review Task Sheets, Communication Book and observe residents for changes to initiate evaluations and Service Plan updates to meet resident's needs to receive care, treatment and adequate services.
- Divisional will audit resident records twice per year during onsite visits.

Date deficiencies corrected by: 11/16/18

A037 481-69.22(2) Evaluation of Tenant
Regulatory Insufficiency: Program failed to complete evaluations as needed with significant change.

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

- RNC completed a Nursing Assessment, Service Assessment, Cognitive Assessment and a Service Plan update for Resident #1 on 11/13/18.
- Resident #2 no longer lives at Bickford as of 10/23/18.
- RNC completed a Nursing Assessment, Service Assessment, Cognitive Assessment and a Service Plan update for Resident #3 on 11/13/18.
- RNC completed a Nursing Assessment, Service Assessment, Cognitive Assessment and a Service Plan update for Resident #4 on 11/13/18.
- RNC completed a Nursing Assessment, Service Assessment, Cognitive Assessment and a Service Plan update for Resident #5 on 11/14/18.
- Resident #6 was a closed record and had discharged prior to recertification visit.
- Divisional Director of Resident Service will provide RNC re-education on Nurse Review Policy, Service Planning and Assessments Policy and Documentation Policy on 11/15/18.

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

- RNC will review Task Sheets, Incident/Accident Reports and Communication Book and observe residents for significant changes and complete evaluation updates per policy and State regulation.

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.

Date deficiencies corrected by: 11/16/18

A045 481-69.23(1)g Criteria for Admission/Retention of Tenants
Regulatory Insufficiency: Program failed to follow the criteria for admission and retention of tenants by retaining a tenant with unmanageable incontinence.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Resident # 1 was provided a Level of Care Discharge Notice on 11/8/18.

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

- Divisional Director of Resident Services will provide re-education to the Director and RNC on the criteria for admission and discharge on 11/15/18.
- All staff members will be provided education on residents who are appropriate for ALPs by RNC on 11/15/18.
- RNC will assess all residents prior to move-in and as needed to ensure residents remain appropriate and meet admission and retention criteria.

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.

Date deficiencies corrected by: 11/16/18

A50 481-69.24(1)a Involuntary Transfer from Program
Regulatory Insufficiency: Program failed to notify the tenant or tenant's legal representative of the reason for involuntary transfer.

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

- Resident #2 no longer lives at Bickford as of 10/23/18.
- Divisional Director of Resident Service will provide re-education on Resident Bill of Rights-Involuntary Transfer on 11/15/18 to the Director and RNC.

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

- Divisional Director will review with Director all Involuntary Transfer documents prior to notification to ensure compliance with Resident Bill of Rights—Involuntary Transfer.

The program will monitor performance to ensure compliance as follows:

- Divisional will audit Involuntary Transfer documents at least twice per year during onsite program visits and as needed.

Date deficiencies corrected by: 11/16/18

A51 481-69.24(1)b Involuntary Transfer from Program
Regulatory Insufficiency: Program failed to immediately notify the Office of the Long-Term Care Ombudsman and the tenant's treating physician of involuntary transfer via certified mail.

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

- Resident #2 no longer lives at Bickford as of 10/23/18.
- Divisional Director of Resident Service will provide re-education to the Director and RNC on Resident Bill of Rights-Involuntary Transfer requirements on 11/15/18.

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

- Divisional Director will review with Director all Involuntary Transfer documents prior to notification to ensure compliance with Resident Bill of Rights—Involuntary Transfer.

The program will monitor performance to ensure compliance as follows:

- Divisional will audit Involuntary Transfer documents at least twice per year during onsite program visits and as needed.

Date deficiencies corrected by: 11/16/18

A083—481-69.26(1) Service plans

Regulatory Insufficiency: Program failed to update service plans as needed with significant change and failed to ensure service plans reflected identified needs of tenants.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Resident #1 had evaluations completed and used to update and individualize their Service Plan to appropriately meet the resident's needs on 11/13/18. A Level of Care Discharge Notice was delivered on 11/8/18.
- Resident #2 no longer lives at Bickford as of 10/23/18.
- Resident #3 had evaluations completed and used to update and individualize their Service Plan to appropriately meet the resident's needs on 11/13/18.
- Resident #4 had evaluations completed and used to update and individualize their Service Plans to appropriately meet the resident's needs 11/13/18.
- Resident #5 had evaluations completed and used to update and individualize their Service Plans to appropriately meet the resident's needs 11/14/18.
- Resident #6 was a closed record and had discharged prior to recertification visit.
- Divisional Director of Resident Service will provide RNC re-education on Assessment Policy, Nurse Review Policy, Service Planning and Documentation Policy on 11/15/18.

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

- RNC will review Task Sheets, Incident/Accident Reports, Communication Book and observe residents for significant changes to initiate evaluations and utilize those to update the Service Plan to meet a resident's identified needs.

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 that resident's Service Plans meet their needs.

Date deficiencies corrected by: 11/16/18