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
	S0054	A. BUILDING: _____ B. WING _____	01/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE DAVENPORT	4040 E 55TH ST DAVENPORT, IA 52806

(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: 32 Number of tenants with cognitive disorder: 3 Memory Care Unit (if applicable) Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 5 TOTAL Census of Assisted Living Program for People with Dementia : 41 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.	A 000	See attached 3/1/20 PoC 2/7/20	
A 058	481-67.9(4)a 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: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.	A 058		

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

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A 058	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program's newly hired registered nurse failed to delegate 4 of 6 existing staff members within 60 days of beginning employment (Staff A, Staff B, Staff D, Staff E). Findings follow: On 1/15/20 the program provided an entrance form which noted the RN Coordinator became the delegating RN on 10/27/19. Record review on 1/15/20 revealed Staff A, hired on 8/1/19 had not been delegated by the RN Coordinator to ensure she was competent in all tasks assigned to her. Staff B, hired on 9/3/19, had not been delegated by the RN Coordinator to ensure she was competent in all tasks assigned to her. Staff D, hired on 6/10/19, had not been delegated by the RN Coordinator to ensure she was competent in all tasks assigned to her. Staff E, hired on 5/12/19, had not been delegated by the RN Coordinator to ensure she was competent in all tasks assigned to her. These findings were confirmed by the Director on 1/15/20 at 10:20 AM.	A 058		
A 059	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The	A 059		

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A 059	Continued From page 2 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program's registered nurse failed to ensure newly hired staff received training within 30 days of beginning employment (Staff C). Findings follow: A review of personnel records on 1/15/20 revealed Staff C was hired on 11/18/19. Staff C had not been delegated by the nurse at the time of the review to ensure she was properly trained on all of her tasks. The Director confirmed this finding on 1/15/20 at 10:20 AM.	A 059		
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 3 needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update 2 of 5 tenant's service plans when changes were needed (Tenants #3, #5). Findings follow: 1. Record review on 1/14/2020 revealed Tenant #3 had a service plan dated 5/30/19. According to the Service Plan, Tenant #3 ambulated independently with a walker. Staff were to escort her to and from meals and activities. It was noted Tenant #3 was going to start physical therapy and had a brace she would start using. Tenant #3 took the medication Coumadin and the Service Plan identified the RN would collaborate INR draws with the lab, physician and pharmacy. Staff were to monitor Tenant #3 for bruising, bleeding gums, blood shot eyes and blood in the stools or urine due to her use of Coumadin. Progress notes dated 9/25/19 indicated Tenant #3's daughter had a meeting scheduled with hospice for the following day to discuss starting hospice services for her mother. On 9/27/19, the RN Coordinator received an order from Tenant #3's physician for hospice to evaluate Tenant #3. The hospice nurses were to come to the program on that date to evaluate Tenant #3 and admit her if she was appropriate. A progress note from the RN Coordinator dated 10/4/19 noted Tenant #3 had been having a more difficult time recently staying awake and her daughter had voiced a change of condition in her mother. Tenant #3's	A 083		

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A 083	Continued From page 4	A 083		

physician was contacted and he started her on cephalexin 250/5ml for 7 days. Tenant #3 improved on the antibiotic, but experienced some agitation. She was started on liquid Tramadol and lorazepam. Over the next several days, Tenant #3 fell on 10/13/19, on 10/14/19 twice, and on 10/21/19. Tenant #3 received a high-low hospital bed to prevent her from falling out of bed. According to a 10/21/19 progress note, Tenant #3's daily aspirin dose was going to be increased to accommodate discontinuing Coumadin. Tenant #3's service plan was not updated to reflect these changes until 11/20/19.

During an interview on 1/14/2020 at 5:00 PM with the Director, Assistant Director and the RN Coordinator, the RN Coordinator confirmed the Service Plan had not been updated.

2. Tenant #5 had a service plan dated 10/1/19. According to Tenant #5's service plan, he exit sought at times. If this behavior was noticed, staff were to take him for a walk outside, as this would usually calm him down. Tenant #3's daughter was to reach out to his neurologist. Tenant #5 scored 3 on the Global Deteriorating Scale, indicating mild cognitive decline.

A review of Progress notes revealed on 10/4/19, Tenant #5 was found trying to go out the salon exit door. Tenant #5 stated he needed to go out to his car. Staff were unable to redirect him and he became agitated. A staff member took Tenant #5 out to look for his car. When he saw it wasn't in the parking lot, he went back into the building and made no other attempts to get out of the building. On 11/7/19, it was noted Tenant #5 made several attempts to get out. When staff attempted to redirect Tenant #5, he started to get

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A 083	Continued From page 5 agitated. Staff reported to the salon exit door when an alarm sounded on 11/11/19. Tenant #5 was attempting to go outside to find his car. Tenant #5 at first started to get agitated when told his car was not outside but then calmed down. On 11/12/19, Tenant #3 attempted to go outside three times. Staff redirected him back to him apartment. Tenant #3 saw a neurologist on 11/13/19 who referred him for an evaluation for his dementia which was scheduled for 5/13/20. On 11/15/19, Tenant #5 was seen walking out the front door. Staff redirected him back inside. A couple of minutes later he again was able to go out the front door. When staff redirect him inside again, he began to get upset and agitated. It was also noted it had been a couple of weeks since Tenant #5 had a shower. A 90 day review was written on 12/30/19. It documented Tenant #5's dementia was progressing with more exit-seeking behaviors and more care refusals noted. Tenant #5 was becoming more persistent with his desire to leave, especially during the evening and late night hours. The behaviors were becoming more prevalent and more difficult to redirect. A Progress Note on 1/2/20 identified Tenant #5's desire to leave the branch had escalated to later nocturnal hours. Tenant #5 was usually easily redirected but could become agitated and adamant about leaving regardless of time or having the situation explained to him. It had been identified he responded well to the intervention of offering him a drink. On 1/11/20, staff responded to the front door	A 083		

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A 083	Continued From page 6 alarms sounding. Another tenant's family member was at the door and said he saw another tenant walking down the ramp. Staff attempted to get Tenant #5 back inside but he declined and started to get agitated. After several attempts, staff was able to get him back inside. Tenant #5 was to be checked on every two hours by staff. The RN Coordinator contacted Tenant #5's physician on 1/13/19 about the exit seeking behavior and to see if a medication change was possible on 1/13/20. The Director, Assistant Director and RN Coordinator confirmed the service plan had not been updated on 1/14/20 at 5:00 PM.	A 083		

Plan of Correction
Bickford Cottage Davenport

Staffing: A058 481-67.9(4)a

Regulatory Insufficiency: The program's newly hired registered nurse failed to delegate existing staff members within 60 days of beginning employment.

Plan of Correction:

The insufficiency will be corrected as follows:

- Staff A, Staff B, Staff D, and Staff E had all delegation completed by 2/7/20 to ensure competency in all tasks assigned.

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

- Divisional Director of Resident Services will provide re-education to the Registered Nurse Coordinator on 2/4/20 on Nurse Delegation Policy.

5/1/20

The program will monitor performance to ensure compliance as follows:

- Divisional Director of Resident Service and/or Director will audit staff orientation documentation to ensure delegations are completed within 60 days of beginning employment if the program should hire a new RN Coordinator.

Regulatory insufficiency corrected as of: 2/7/20

Staffing :A059 481-67.9(4)b

Regulatory Insufficiency: The program's registered nurse failed to ensure newly hired staff received training within 30 days of beginning employment.

Plan of Correction:

The insufficiency will be corrected as follows:

- Staff C had all delegation completed by 2/7/20 to ensure competency in all tasks assigned.

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

- Divisional Director of Resident Services will provide re-education to the Registered Nurse Coordinator on 2/4/20 on Nurse Delegation Policy.

The program will monitor performance to ensure compliance as follows:

- Director or designee will randomly audit staff orientation documentation to ensure delegations are completed within 30 days of beginning employment.

- Divisional Director of Resident Services will audit staff orientation documentation twice per year during onsite visits to ensure delegations are completed within 30 days of beginning employment.

Regulatory insufficiency corrected as of: 2/7/20

Service Plans A083 481-69.26(1)

Regulatory Insufficiency: The program failed to update tenant's service plans when changes were needed.

Plan of Correction:

The insufficiencies will be corrected as follows:

- RNC completed Nursing Assessment, Service Assessment, Cognitive Assessment and Service Plan update for Tenant #3 on 11/21/19.

- RNC completed Nursing Assessment, Service Assessment, Cognitive Assessment and Service Plan update for Tenant #5 on 2/4/20.

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

- Divisional Director of Resident Services will provide RNC re-education on Service Planning and Agreements Policy on 2/4/20.

- RNC will review Task Sheets, Unusual Occurrence Reports and observe residents for significant changes to initiate evaluations and Service Plan updates to meet tenant's individualized needs.

The program will monitor performance to ensure compliance as follows:

- Divisional Director will audit tenant Service Plans and care delivery to ensure adequate and appropriate services are provided to meet tenant's needs as identified in the tenants' service plan twice per year during onsite visits.

Date deficiencies corrected by: 2/7/20