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
	S0043	A. BUILDING: _____ B. WING _____	C 10/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE WEST DES MOINES	5050 HAWTHORNE DR WEST DES MOINES, IA 50265

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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: 27 Number of tenants with cognitive disorder: 3 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 4 TOTAL Census of Assisted Living Program for People with Dementia: 34 The following regulatory insufficiencies were cited during the investigation of Complaint #93587-C:	A 000	See Attached POC 11/1/20	
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. 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 This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to follow Program policies/procedures Communicable and Contagious Disease Preparedness Plan and Lifting of Restricted Access - Phased-in Approach for Branch Visitation. This potentially affected 32 of 32 tenants. Finding follows: 1. Record review on 10/6/20 revealed the Program's policy included the following direction, "if at any time, a BFM (Bickford Family Member) fails the Branch entry, mid-shift or exit screen with potential COVID-19 symptoms, they will not be allowed to enter the Branch..." When interviewed on 9/30/20 at 9:45 a.m. Staff A said she failed the branch entry screen on the morning of 10/27/20 but could not get a hold of the Director so she came into the building until she could get in touch with the director. She confirmed she walked through the building to get to her assigned area in the rear of the building and stayed for approximately one half hour until she was told to go home. When interviewed on 9/30/20 at 9:50 a.m. Staff B confirmed she worked with Staff A for approximately one half hour on 9/27/20 in the memory care unit. When interviewed on 10/7/20 Staff C confirmed she screened Staff A when she arrived at the Branch on 10/27/20. The computer program said Staff A should exit the building right away and contact her care provider. Staff C confirmed Staff A could not get a response from the Director so Staff A came into the building and went to her	A 003		

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A 003	Continued From page 2 work area. She said she did not know what the process should be if someone failed the screening and could not reach a supervisor. When interviewed on 9/30/20 at 11:10 a.m. Staff D who had been observed screening visitors and staff as they arrived to work said he wasn't sure what he would do if someone failed the screen and he wasn't able to contact the Director. According to him the computer program would say not to let them in. When asked if it was a staff person what he would do next he said, "Not let them in, I guess." Staff D said he had not received such as message and wasn't sure what he should do. When interviewed on 9/30/20 at 11:00 a.m. Staff E said if she had symptoms and couldn't get in touch with the Director she would come to work. She said she would come to work because that is the only option. She would not want to get in trouble and the only choice is call in and suffer the consequences of that or come in. Staff E also confirmed she did not know what to do if she screened someone and the computer program said they couldn't come in and she couldn't get in touch with the Director. Record review on 10/12/20 revealed screening data for staff. On 8/27/20 at 6:51 a.m. Staff A's screening revealed she had not passed the screening. Record review on 10/12/20 revealed an email dated 8/27/20 at 6:51 a.m. noted, "This email is to notify you of a failed screening at Bickford of West Des Moines." The email included the name of Staff A and noted she experienced more than three COVID-19 related symptoms in the last 72 hours. Further review revealed an email on	A 003		

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A 003	Continued From page 3 9/1/20 at 10:20 a.m. from the infection control nurse noted Staff A tested positive for COVID-19 on 8/28/20. When interviewed on 10/14/20 at 10:56 a.m. the Program Director explained Staff A clocked in and was possibly trying to find a replacement worker. 2. Record review of tenant screenings from 7/1/20 - 9/20/20 revealed the program failed to document/conduct screenings for the following tenants: a. Tenant #1 - 7/4-7/5, 7/8 - 7/9, 7/11-12, 7/16 - 7/26/20, 7/28 - 8/1/20, 8/3 - 8/15, 8/17 - 8/20/20. b. Tenant #2 - 7/4-7/5, 7/9/20, 7/11-7/12/20, 7/16 - 7/26/20, 7/28-8/1/20 c. Tenant #3 - 7/4-7/5, 7/8 - 7/9, 7/11-12/20, 7/14 -7/26, 7/28 - 8/1/20, 8/3 - 8/8/20, 8/10 - 8/15/20. d. Tenant #4 - 7/4-7/5, 7/8 - 7/9, 7/11-12/20, 7/14 -7/26, 7/28 - 8/1/20, 8/3 -8/15/20, 8/17 - 8/20/20, 8/28-8/30/20. e. Tenant #5 - 7/4-7/5, 7/8 - 7/9, 7/11-12/20, 7/15 - 7/26/20, 7/28 - 8/1/20, 8/3 - 8/15/20, 8/17-8/21/20, 8/28 - 8/30/20, 9/1/20. f. Tenant #6 - 7/4 - 7/5/20, 7/8 - 7/9/20, 7/16 - 7/26/20, 7/28 - 8/1/20, 8/3 - 8/8/20, 8/10, 8/13-8/16/20. g. Tenant #7 - 7/4 - 7/5/20, 7/8 - 7/9/20, 7/15 - 7/26/20, 7/28 - 8/1/20, 8/3 - 8/8/20, 8/10 - 8/15/20, 8/17 - 8/20/20, 8/28 - 8/30/20. h. Tenant #8 - 7/4-7/5, 7/8 - 7/9, 7/11-12, 7/16 -	A 003		

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A 003	Continued From page 4 7/26/20, 7/28 - 8/1/20, 8/3 - 8/8/20, 8/10 - 8/15/20, 8/17 - 8/20/20, 8/28/20 - 8/30/30. I. Tenant #8 - 7/4 - 7/5/20, 7/9/20, 7/11-12/20, 7/16 - 7/26/20, 7/28 - 8/1/20, 8/3 - 8/8/20, 8/10 - 8/14/20. When asked for additional documentation for tenant records checks on 10/5/20 and 10/8/20 the Director did not provide additional documentation of checks for the tenants listed/requested. Record review on 10/13/20 revealed the Program's Communicable and Contagious Disease Preparedness Plan revised 8/19/20. According to the Quick Guide: Coronavirus COVID-19 in Your Branch What You Need to Know all tenant temperatures and symptoms will be monitored daily and recorded on the Resident/Branch COVID-19 Log/BETSe. Further review revealed the Program's COVID-19 -Lifting of Restricted Access - Phased-in Approach for Branch Visitation dated 7/7/20. According to the document, the following protocols will be in place from Phase 4 to Phase 1 - Branch entry - mid shift- exit screening, as indicated and Resident Health Checks. 3. Observations on 9/29/20 from 1:35 p.m. - 2:15 p.m. revealed tenants participating in group activities in the common area of the building. Tenants were seated next to each other on loveseats and chairs. Tenants were not wearing masks nor did staff encourage them to put on a mask and/or social distance. During the time frame several staff walked through the area and visited with tenants yet no one asked tenants to social distance and/or encourage them to wear a mask. When interviewed staff said it was difficult	A 003		

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A 003	Continued From page 5 to get tenants to wear a mask. Record review on 10/13/20 of the Program's Communicable and Contagious Disease Preparedness Plan, Quick Guide: Coronavirus COVID-19 in Your Branch What You Need to Know directed six feet social distancing for tenants, BFMs and Health Care Professionals in place at all times and all branch activities will have incorporated social distancing. 4. When interviewed on 9/30/20 and 10/14/20 two staff who tested positive confirmed the Program did not ask for a release to work by a physician. Record review on 10/14/20 revealed the Program's Communicable Contagious Disease Preparedness policy revised 8/19/20 required the following before BFM can return to work, symptom free, released by a physician or local Health Department and released to return to work by BFM support. When interviewed on 10/14/20 at 12:27 p.m. the Director confirmed she had given this surveyor all documentation regarding staff that had tested positive and their return to work. There was no communication with the local Health Department included.	A 003		

ok
3/12/21

Plan of Correction

West Des Moines Bickford Cottage

A 003 Program Policies and Procedures
Regulatory Insufficiency: The Program failed to follow policies and procedures established by the Program for unresponsive tenants.

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

On 10/27/20 an all-staff re-education in-service led by the Director on screen-in and screen-out procedures was conducted. This education included all procedures for failed health screening and exit procedures.

On 10/08/2020 QuickMar tasks were assigned by the RNC for each shift per policy variance to assign vitals specifically to the CMA on the cart for each resident.

In order to better implement and remind our residents to wear masks, mask stations in each resident's room with visual reminder to wear mask before leaving the room were completed. This was completed on 11/1/20.

Activities Department re-education on 10/27/20 to encourage masks for each resident during activities and social distancing guidelines per current phase.

It is the suggested guideline to adhere to a physician's release to work following a positive Covid-19 test result if a physician is following care. In the case of our BFM's who have tested positive all return to work release were conducted by our infection control team led by Judy Swartzel, RN. The Director did have documentation with line lists given to the Health Department via email to : 'Carolyn.Schaefer@polkcountyiowa.gov'. This was given to State during the survey visit on 10/15/20.

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

- The Director will ensure that annual in-service on these areas is completed as required and stated in our Policy and Procedure book/Emergency Handbook/Covid Guidelines, as well as ensuring that individual education is completed by the RNC as deemed necessary.

The program will monitor performance to ensure compliance as follows:

- Divisionals will audit annual In-services completed to ensure they are conducted as required.

Date deficiencies corrected by: 11/1/2020 and on-going