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 10/29/2024

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

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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. Number of tenants without cognitive impairment: 30 Number of tenants with cognitive impairment: 5 Total census: 35 The following regulatory insufficiencies were cited during the investigation into Incident #122918-I and the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow the door alarm policy resulting in a delayed staff response following the elopement of 1 of 1 tenants reviewed who had eloped in the past 3 months (Tenant #1). Findings follow: Record review on 10/28/24 of a service plan dated 8/9/24 revealed Tenant #1 was diagnosed with depression and anxiety. She scored a 6 on the Global Deterioration Scale indicating severe cognitive decline. She used a wheeled walker which she would forget to use at times and had a	A 150	The Plan of Correction is attached	

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A 150	Continued From page 1	A 150		

history of falls. Tenant #1 became scared when she was alone, would begin to cry and was unable to console.

An Incident Report dated 8/17/24 at 6:46 PM (written after the incident) revealed Staff A was sitting in the office during her break when someone rang the bell at the front door. The person (community member) at the door told Staff A there was a confused lady at the nearby Fareway grocery story. Staff A called for assistance and walked to the grocery store, followed by Staff B, where she found Tenant #1 in the parking lot, very confused. Tenant #1 had her glasses on and was fully dressed with shoes, but did not have her walker with her.

Earlier that night after dinner, Tenant #1 had been carrying some of her things around looking for her car. Staff tried to calm her down to no avail. Tenant #1 received multiple behavioral medications earlier that afternoon to help with anxiety. A couple of minutes before the community member rang the doorbell, Staff A came out of the kitchen to find the front door alarm going off and Tenant C1 standing in the open doorway. No one else was around when Staff A looked to determine the reason for the alarm.

A review of a Geofence Report revealed the Main Entrance door alarmed at 6:07 PM on 8/17/24. It took staff 2 minutes and 21 seconds to respond to Tenant C1 at the door. Tenant #1 wore a watch which periodically tracked her location in the building. Her location was last noted inside the building at 6:04 PM. Tenant #1 returned to the building at 6:31 PM. She likely exited the building through the front door when it was opened at 6:07 PM.

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A 150	Continued From page 2 On 10/28/24 at 6:30 PM, Staff A recalled she came to the front of the building at 6:10 PM and heard the front door alarming. Tenant C1 was sunning herself in the doorway. Staff A's goal was to get Tenant C1 into the building. She peeked her head out the door, looking left and right. When she did not see anyone, she closed the door. A short time later, a community member came to the door and said one of their tenants might be at Fareway. Staff A followed the woman to the grocery store. Along the way, Staff A found a pile of Tenant #1's belongings she had been carrying around with her earlier in the evening. Tenant #1 had been talking about wanting to leave the program to go "home." She found Tenant #1 standing with the community member's fiancee and a Fareway employee. Tenant #1 was crying and distressed. She was fully dressed in shoes, pants and a shirt. Tenant #1 did not have her walker, which she normally used. Her hair was messy which was unusual for her. Tenant #1 was wobbly on her feet. Staff B joined them in the parking lot and they assisted Tenant #1 back to the program. Tenant #1 was a little agitated when she returned to the building, but another tenant helped to calm her down. On 10/28/24 at 2:50 PM, Staff B recalled Tenant #1 and Tenant C1 were both exit-seeking the evening of 8/17/24. Tenant C1 was trying to help Tenant #1 go home by walking up to exit doors and trying to leave the building. Staff were able to redirect them away from the doors. Staff B and her co-workers got called away from the front area to respond to other tenants' call lights and Tenant C1 and Tenant #1 were left alone. Staff B heard the front door alarm go off and by the time she responded, Staff A was already at the door taking Tenant C1 back toward the living room.	A 150		

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A 150	Continued From page 3 She did not see Tenant #1, but did not think anything about it because it was not unusual for her to wander off. Staff B later received a call from Staff A informing her Tenant #1 was at Fareway and needed help to get the tenant as she was crying and wobbly. When she arrived in the parking lot, Tenant #1 was crying, tired and appeared disheveled. When they put her to bed two hours later, Tenant #1 did not report any discomfort. It was cloudy and 74 degrees at the time of the incident according to Wunderground.com. It is likely Tenant #1 walked to the grocery store through a grassy lot connecting the two parking lots, although she could have taken a longer route via a sidewalk (0.3 miles). The program had an Unwitnessed Door Alarm policy. If a door alarm occurred and a staff member did not witness the events surrounding the alarm, staff were to check their pagers to determine what caused the alarm. The inside and outside areas surrounding the door must be visually searched immediately after an unwitnessed door alarm. Staff shall account for all tenants. On 10/28/24 at 2:40 PM, the Executive Director confirmed staff did not account for all tenants when the door alarm sounded at 6:07 PM on 8/17/24.	A 150		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences	A 395		

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A 395	Continued From page 4 for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans addressed the needs of 3 of 4 tenants reviewed (Tenant #1, Tenant #2 and Tenant #4). Findings follow: 1) Record review on 10/28/24 of an Incident Report revealed on 8/17/24 at 6:46 PM Staff A was sitting in the office during her break when someone rang the bell at the front door. The community member told Staff A there was a confused lady at the Fareway grocery story. Staff A called for assistance and she walked to the grocery store where she found Tenant #1 in the parking lot, very confused. Tenant #1 had her glasses on and was fully dressed with shoes, but did not have her walker with her. Earlier that night after dinner, Tenant #1 had been carrying some of her things around looking for her car. Staff tried to call her down to no avail. Tenant #1 received multiple behavioral medications that afternoon to help manage her anxiety. A couple of minutes before the individual rang the doorbell, Staff A came out of the kitchen to find the front door alarm going off and Tenant C1 standing in the open doorway. No one else was around when Staff A looked to determine the reason for the alarm. A behavioral incident report dated 9/20/24 noted Tenant #1 was agitated all day into the evening. Another tenant's family member was leaving the building and Tenant #1 asked if she could follow her out. When the family member said no, Tenant #1 became very agitated and tried to push	A 395		

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A 395	Continued From page 5	A 395		

through the front door and in the process pulled the fire alarm. She continued to try and push through the door. Staff helped Tenant #1 back in and attempted to calm her down. Tenant #1 proceeded to exit-seek the remainder of the night.

On 10/28/24 at 6:30 PM, Staff A recalled the evening of 8/17/24 Tenant #1 went from 0 to 60 after dinner. It was not unusual for Tenant #1 to have behaviors in the evening, but on this night she was screaming, yelling and out of her mind. She kept saying she needed to find her car. The staff was unable to redirect Tenant #1. She was not upset like this every night, but had been increasingly upset over the last six months. She wandered around and become adamant about leaving. Not every night, but occasionally, Tenant #1 tried to get into other's apartments, say she was leaving or tried to get out of the building through the kitchen.

On 10/28/24 at 2:50 PM, Staff B reported when supper was over, there was often about a 45 minute period of time when Tenant #1 was irritable. She talked about wanting to leave and wandered around the building. Tenant #1 didn't go up to the exit doors as often as she used to when Tenant C1 lived at the program.

A review of Tenant #1's service plan dated 8/9/24 revealed she was independent and required no assistance in the area of wandering and elopement. The care team would monitor for changes in condition and conduct a reappraisal as appropriate. Tenant #1's service plan was not updated following her elopement on 8/17/24.

2) Record review on 10/28/24 of the Health and Wellness Director's progress notes for Tenant #2

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A 395	Continued From page 6	A 395		

revealed she received orders from the tenant's physician on 9/30/24 to discontinue using oxygen. On 10/1/24, Tenant #2 received an order to use Preparation H cream three times daily for 5 days, then change to using once every 6 hours as needed. The Health and Wellness Director documented on 10/15/24 that she completed a change in condition review for Tenant #2 due to several medication changes, including Preparation H for hemorrhoids. Tenant #2 no longer used oxygen.

When interviewed on 10/29/24 at 8:40 AM, the Executive Director reported Tenant #2 repeatedly used the restroom during the day due to issues with her hemorrhoids. Tenant #2's falls were often related to urinary tract infections. These interventions should be identified on the service plan.

Tenant #2 had a service plan dated 10/15/24. The service plan made no mention of Tenant #2's frequent trips to the bathroom, issues with hemorrhoids or ability to use Preparation H cream to treat them. Tenant #2's service plan noted she was still using oxygen even though it was discontinued on 9/30/24.

3) On 10/29/24 review of a Health Assessment for Tenant #4 dated 9/15/24 revealed she had a wound to her right foot. A review of progress notes identified she was seen at the wound clinic on 9/9/24, 9/23/24, 10/7/24 and 10/28/24. The notes identified wound orders were received and instructions added to the program's Medication Administration Record. The dressings often had to be changed by program staff every other day based on the progress notes.

The Health and Wellness Director documented

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A 395	Continued From page 7 Tenant #4 was hospitalized in October (no admission date in the notes). She spoke with a nurse at the hospital on 10/15/24 who reported Tenant #4 was doing better and could transfer with the assist of 1 staff, although she required 2 staff to transfer the night before. The plan was for Tenant #4 to return to the program on 10/17/24. On 10/29/24 at 9:55 AM, Staff C stated Tenant #4 had a wound to her right foot which was present when she moved to the program on 5/21/24. Staff changed the dressing on her foot every other day. She had to help transfer Tenant #4 from her bed, wheelchair or toilet about every day. She had informed the Health and Wellness Director about the assistance Tenant #4 requires with transfers. On 10/28/24 at 1:30 PM, Staff D reported Tenant #4 often required an assist of 1 to get up from her bed or a chair. There were times when the tenant felt weak and needed 2 people to transfer her. This was not over 50% of the time, but the episodes when she needed two staff to help with transfers was increasing. On 10/29/24 at 11:20 AM, Tenant #4 reported the staff changed the dressing on her wound every other day and had since she moved to the program. She was hospitalized twice over the fall and was weaker on her return from the hospital and at times required two staff to transfer her. She required one staff to help her stand up now, although at times she could get up on her own. Tenant #4's service plan dated 9/6/24 noted she was independent with transfers and required no assistance. Interviews revealed staff provided assistance daily. The plan did not identify Tenant #2 had a wound to her right extremity to which program staff provided wound care.	A 395		

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A 395	Continued From page 8 4) The Executive Director confirmed these findings on 10/29/24 at 12:30 PM.	A 395		

December 20th, 2024

Donna Dixon, Program Coordinator
Adult/Special Services Bureau
Acute & Continuous Care Bureau
6200 Park Ave, Ste 100
Des Moines, IA 50321

Dear Ms. Dixon,

This letter is in response to the recertification visit on 10/28/24-10/29/24 and investigation visit # 122918-I completed at Bickford Cottage of Clinton. This will serve as the Plan of Correction addressing the insufficiency noted during the visit.

If you have any additional questions and/or concerns, please feel free to contact me at 563-242-2400.

Kim Schaffer, Executive Director
Bickford of Clinton

Plan of Correction

Bickford Cottage Clinton

A150 481-67.2(3) Program Policies and Procedures.

<u>Regulatory Insufficiency:</u> The program failed to follow the door alarm policy resulting in a delayed staff response following the elopement of Tenant #1.

<u>Plan of Correction:</u>

The insufficiency will be corrected as follows:

- Tenant #1 had evaluations completed and service plan updates to individualize care on 11/14/24.
- Staff A and Staff B were retrained on the Unwitnessed Door Alarm Policy on 12/18/24.

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

- Divisional Director of Health & Wellness will provide re-education to the Executive Director and Health & Wellness Director on the Unwitnessed Door Alarm Policy on 12/18/24.
- The HWD will provide education to new staff members, upon hire, on the Unwitnessed Door Alarm Policy.
- The Executive Director will re-educate all staff members on Unwitnessed Door Alarm Policy on 12/18/24. Those staff not in attendance shall be provided 1:1 education.

The program will monitor performance to ensure compliance as follows:

- Missing Resident/Unwitnessed Door Alarm Drills will be performed monthly for 90 days and quarterly thereafter, ensuring that each shift has at least one drill per year.
- Divisional Director of Operations or designee will complete periodic audits when onsite to ensure compliance with the Unwitnessed Door Alarm Policy.

Date deficiency corrected by: 12/20/24

A395 481-69.26(4)a Service Plans

Regulatory Insufficiency: The program failed to ensure service plans addressed the needs of 3 of 4 tenants reviewed (Tenant#1, Tenant#2, and Tenant #4).

Plan of Correction:

The insufficiencies will be corrected as follows:

- Tenant #1 had evaluations completed and utilized to update and individualize their Service Plan to appropriately meet their needs on 11/14/24.
- Tenant #2 had evaluations completed and utilized to update and individualize their Service Plan to appropriately meet their needs on 11/27/24 and on 12/16/24.
- Resident #4 no longer resides at Bickford as of 11/24/24.
- Divisional Director of Health & Wellness will provide re-education to HWD on Assessment Policy, Nurse Review Policy, Service Planning and Documentation Policy by 12/20/24.

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

- HWD will review Care Nees sheets, Incident/Accident Reports, EHR (August Health) 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 Director of Health & Wellness or designee will audit resident records quarterly during onsite program visits and as needed to ensure that resident's Service Plans meet their needs.

Date deficiencies corrected by: 12/20/24.

√ 5/14/25