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 03/18/2026

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. Tenants without cognitive impairment: 27 Tenants with cognitive impairment: 13 Total census: 40 The following regulatory insufficiency was cited during the investigation of Incident #130927-M.	A 000	See attached POC 6/1/26	
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 Abuse and Neglect policy for 1 of 1 current tenants reviewed (Tenant #1). Finding follows: Record review on 3/10/26 of an Investigation Form - General, dated 11/20/25, revealed on 11/20/25 Tenant #1 reported to the Executive Director (ED) he had a very unpleasant exchange the night before with Staff B when she came to his apartment for evening care assistance. He reported Staff B yelled at him and manhandled him. He indicated Staff B pushed him onto the toilet and later pushed him into his bed. Tenant #1 further alleged she yanked his shirt off when assisting him into his bed clothes and gave him a bruise on his hand with her rough handling. Tenant #1 explained Staff A witnessed much of	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 150	Continued From page 1 this incident. During the investigation of the incident it was discovered Tenant #1 had a scratch on his back and a bruise on his hand. The Program's policy on Abuse and Neglect, revised 2/25 directed any employee who had reasonable cause to believe a tenant was being or had been abused should report the information immediately to the ED or the Health and Wellness Director. During an interview on 3/11/26 at 3:10 p.m. Staff A explained she did not report her concerns about the situation involving Tenant #1 and Staff B immediately. Staff A did not tell the ED what occurred on 11/19/25 until she received a call from the ED asking for details on 11/20/25. When interviewed on 3/11/26 at 12:35 p.m. the ED reported Tenant #1 told her about the events of 11/19/25. The ED then called Staff A. From what the ED heard from Tenant #1 and Staff A she was concerned the allegation may rise to the level of abuse and an investigation needed to be conducted. Staff A seemed very concerned about what occurred. The ED confirmed Staff A failed to follow the Abuse and Neglect policy.	A 150		

Date of Survey 3-18-26

Plan of Correction

Bickford Cottage of Clinton

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

<u>Regulatory Insufficiency:</u> The program failed to follow the Abuse and Neglect policy resulting in reasonable cause of suspected/potential resident abuse not being reported immediately to the Executive Director or Health and Wellness Director.

<u>Plan of Correction:</u>

The insufficiency will be corrected as follows:

- **Staff A was individually retrained on the Abuse and Neglect reporting policy and procedure on 04/13/26.**
- **Resident was assessed for injury on 11/24/25 by DDHW. Small bruise noted to back of hand. No need for first aid.**

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

- **The Divisional Director of Health and Wellness will provide re-education to the Executive Director and Health and Wellness Director on the Abuse and Neglect reporting policy. Completed 4/13/26.**
- **The Executive Director will ensure training on the Abuse and Neglect reporting policy is provided to all new staff members, upon hire, and annually thereafter.**
- **The Executive Director provided re-education to all staff members on the Abuse and Neglect policy on 4/1/26. Those who were not in attendance will have 1:1 education provided by 4/17/26.**

The program will monitor performance to ensure compliance as follows:

- **Divisional Director of Operations will provide in-person training on Abuse and Neglect reporting to all staff members by 6/1/26.**
- **Divisional Director of Operations will complete semi-annual audit of completed Abuse and Neglect training .**

Date deficiency corrected by: 6/1/26