

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/28/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BICKFORD COTTAGE AMES

**2418 KENT AVE
AMES, IA 50010**

(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 impairment: 23 Number of tenants with cognitive impairment: 13 Total census: 36 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program. At the time of the visit, a revisit for the visit completed 3/23/23 was also conducted and determined to be MET.	A 000		
A 345	481-67.9(4)b 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: 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 delegating nurse failed to ensure staff were competent to meet tenant individual needs. This pertained to 1 of 3 staff reviewed (Staff A). Finding follows:	A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures A345- Health and Wellness Director will delegate all new caregivers prior to them providing cares to residents. Health and Wellness Director and delegated staff will sign and date delegations. ExecutiveDirector will check delegations for signatures and dates before filing.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE AMES			STREET ADDRESS, CITY, STATE, ZIP CODE 2418 KENT AVE AMES, IA 50010		
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A 345	Continued From page 1 Record review on 6/28/23 revealed Staff A's delegation documentation undated. The Program hired Staff A on 12/28/22. During the exit interview on 6/26/23 the Director and delegating nurse acknowledged the determination that training occurred within 30 days of employment could not be made based on undated documentation.	A 345			