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
	S0024	A. BUILDING: _____ B. WING _____	C 02/20/2025

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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment:20 Number of tenants with cognitive impairment:15 Total census: 35 No regulatory insufficiencies were cited during the investigation of Incident #126036-I and 124935-C. The following regulatory insufficiency was cited during the investigation of Complaint #122671-C.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received services which were adequate and appropriate. This pertained to 1 of 2 tenants reviewed (Tenant #2). Finding follows: Record review on 2/20/25 revealed Tenant #2's Service Plan (SP) signed 6/3/24. Tenant #2's SP	A 160		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 160	Continued From page 1	A 160		

directed full assistance with medication management. Further review revealed the Program's staff was responsible for adhering to seven rights of medication management including administering medications in a safe and timely manner. An additional note stated psychotic medications were centrally stored.

Further record review revealed a physician order dated 7/17/25 stated to increase Clonazepam to .5 mg per dose (.5 mg oral twice daily at 2:00 and 8:00 p.m.). Review of Tenant #2's Medication Administration Record (MAR) revealed Clonazepam .5 mg twice daily was initiated on 7/17/24 for anxiety.

Further review revealed the Program failed to administered the Clonazepam .5 mg as ordered the following days and times:
7/17/24 8:00 p.m.
7/18/24, 7/19/24, 7/20/24, 7/21/24, 7/22/24, 7/23/24 and 7/24/25 at 2:00 and 8:00 p.m.

Review of notes regarding the administration of Clonazepam .5 mg includedthe following:
on order; ordered yesterday; no supply; reordered not here yet; not here and none here.

When interviewed on 2/20/25 the Director said the Delegating Nurse at the time no longer worked at the Program and she was unsure why the Program did not ensure the medications were available for administration. She confirmed the Program had responsibility via the service plan to ensure Tenant #2 received her medications as ordered.