

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2021
NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE I SIOUX CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 4020 INDIAN HILLS DR SIOUX CITY, IA 51108		
(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 disorder: 27 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 27 Complaint 95196 -A resulted in the following regulatory insufficiencies:	A 000	#1. Director and all management staff shall report to the State certification authority is there is reasonable cause that a resident is being or has been abused, neglected or exploited.	ongoing
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 consistently report suspected dependent adult abuse. This potentially affected 27 of 27 tenants. Finding follows: Record review on 5/10/21 revealed Bickford Senior Living Policy Abuse and Neglect revised 7/2012. According to the policy, Bickford Directors and other health professionals who have reasonable cause to believe that a tenant is being, or has been, abused, neglected or exploited shall report the information immediately to the State certification authority. When interviewed on 4/7/21 at 4:00 p.m. the Director said she had been contacted by a Sioux	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 City detective on 2/10/21 who asked if Staff A worked at the Program. According to the Director the detective said he was working on a financial investigation involving a former tenant and Staff A. The Director reported the program completed an investigation into the allegations and suspended the staff. The Director confirmed the alleged actions of the staff did not align with Bickford Cottage policies. The program ultimately terminated Staff A.	A 150	#2 Re-education of all BFM's (employees) on Mandatory Reporter #3 Immediate follow up involving any reasonable causes will include Divisional Director #4 Regulatory Insufficiency was completed on 6/17/21 Jill Colling Director 1/20/22	6/17/21 Ongoing 6/17/21 and ongoing