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
	S0006	A. BUILDING: _____ B. WING _____	C 05/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE I SIOUX CITY	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: 35 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 35 The following regulatory insufficiency was cited during the investigation of incident 101621-M.	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 policy regarding suspected dependent adult abuse for 1 of 1 former tenants reviewed (Tenant C1). Finding follows: During the investigation of the mandatory report staff interviews revealed the following incidents: - On 5-24-22 at 2:11 p.m. Staff C stated on 1-8-22 she worked with Staff A getting Tenant C1 ready for the day. They had him in his wheelchair and he slid out. As they attempted to get him back in the chair he hit at Staff A and she grabbed his hand and said in a threatening voice "hit me I dare you." Staff C reported Tenant C1 looked confused. She did not report it because she was afraid Staff A would yell at her too. The Director called the next day and she told her what	A 150		

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A 150	Continued From page 1	A 150		

happened on her shift the day before when asked if she had any concerns about Staff A. She confirmed this was the first time she experienced anything like this and now knows to report anything like this.

- On 5-24-22 at 1:33 p.m. Staff D reported she worked with Staff A and observed her sit on Tenant C1's legs when he was restless and had not stayed sitting in his chair in his apartment. She confirmed his legs were up on the ottoman and Staff A sat on them for a few seconds while telling Tenant C1 "you need to quit and sit down." Staff D stated he did not make any noise and did not think this hurt him or caused him any pain. Staff D said she did not report this to anyone until she was interviewed about the incident on 1-9-22.

When interviewed on 5-25-22 at 12 noon the RNC (Registered Nurse Coordinator) stated no staff reported any concerns about Staff A to her. She confirmed all staff received re-education on reporting suspected dependent adult abuse on 1-10-22.

On 5-24-22 review of the Bickford Senior Living Abuse and Neglect policy revised 7/2012 revealed 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 Branch Director or the Coordinator.

When interviewed on 5-25-22 at 11:24 a.m. the Director stated while investigating the self-reported incident that occurred on 1-9-22 Staff C reported she witnessed Staff A use a threatening tone of voice with Tenant C1. Staff C said Tenant C1 attempted to hit Staff A and she said to him "I dare you to do it again." The

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A 150	Continued From page 2 Director confirmed Staff C received a verbal warning for failure to report suspected abuse as trained.	A 150		