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 11/01/2023

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 impairment: 29 Number of tenants with cognitive impairment: 1 Total census: 30 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program. The following regulatory insufficiencies were cited during the investigation of Complaint #116540-C:	A 000	See Attached POC 2/13/24	
A 175	481-67.3(5) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67/3(5) To receive from the manager and staff of the program a reasonable response to all requests. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure reported bed bugs were addressed in a timely manner. This affected 2 of 2 tenants (Tenants 1 and 2). Finding follows: When interviewed on 10/30/23 and 10/31/23	A 175		

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

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A 175	Continued From page 1 concerned individuals (interviewees) expressed concern of bug bites on at least two tenants. Interviewees said another room in the building had been treated for bed bugs. One interviewee said bites were noted on Tenant #1 on 10/26/23 but the Program failed to evaluate/assess. An interviewee on 10/30/23 said marks/bites were discovered on Tenant #2. Multiple interviewees (including staff) reported the Program had been notified of marks/bites on Tenant #1 on 10/26/23, 10/27/23 and 10/28/23 but failed to do anything about it. The Program relocated Tenant #1 on 10/28/23 at 11:00 p.m. and offered to relocate Tenant #2 but her family declined as she had just gotten to sleep. The Program relocated Tenant #2 on 10/29/23. Record review on 11/1/23 revealed a note from Tenant #1's Advance Registered Nurse Practitioner (ARNP) dated 10/27/23 at 7:30 p.m., noted she felt the bites were from bed bugs and recommended hydrocortisone 1% for treatment. Upon entrance on 10/30/23 at 1:25 p.m. the Assistant Director confirmed the Program had initiated treatment for bed bugs on 10/30/23 in Tenant #1 and #2's rooms. Program documentation revealed treatment occurred on 10/30/23. During the exit on 11/1/23 at 12:15 p.m. the Director confirmed the Program initiated treatment on 10/30/23 even though Tenant #1's ARNP noted possible bed bugs on 10/27/23 and others had reported the suspected bed bugs as early as 10/26/23.	A 175		

BICKFORD COTTAGE I SIOUX CITY
PLAN OF CORRECTION

A.175 481.67.3 (5) Tenant Rights

Regulatory insufficiency: Program failed to consistently ensure reported bed bugs were addressed in the facility in a timely manner.

Plan of Correction:
The insufficiencies will be corrected as follows:

- Tenant #1 and Tenant #2 were both treated per physician order and have recovered.

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

- Education was provided by the Divisional Director of Health & Wellness to the Health & Wellness Director on 11/2/23 regarding communication, assessment, and treatment of significant issues.

The program will monitor performance to ensure compliance as follows:

- Divisional Director of Health & Wellness or designee will audit resident records during onsite visits.

Date of deficiencies corrected by: 2/13/24