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 03/20/2025

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: 26 Number of tenants with cognitive impairment: 4 Total census: 30 The following regulatory insufficiencies were cited during the investigation of Complaint #124802-C.	A 000	The Plan of Correction is attached	
A 130	481-67.2(1)e Program Policies and Procedures 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure incident reports were completed for all unusual occurrences affecting 1 of 2 former tenants reviewed (Tenant C-1). Findings include: On 2/18/24 a review of incident reports revealed a family member visited Tenant C-1 on 10/14/24. Tenant C-1 was in pain (lower back). When she	A 130		

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A 130	Continued From page 1 moved her legs at all she screamed out in pain. The family member requested 911 be called to transport Tenant C-1 to the emergency room to be checked out. On 2/20/25 review of a progress note dated 10/07/24 revealed staff went to get Tenant C-1 for breakfast. Tenant C-1 told staff she had slipped out of bed and her tailbone hurt. An incident report regarding the tenant slipping out of bed and hurting her tailbone on 10/7/24 could not be located. On 2/20/25 review of the incident and accident report policy revealed incidents or accidents included but were not limited to resident falls or injuries. All incidents or accidents were to be documented in the electronic health record immediately following the occurrence. On 2/25/25 at 11:18 a.m. the Administrator confirmed an incident report for the tenant's slip out of bed on 10/7/24 should have been completed and planned to reeducate staff.	A 130		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A	A 145		

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A 145	Continued From page 2 licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure evaluations were completed as needed with significant change in condition for 1 of 2 former tenants reviewed (Tenant C-1). Findings include: On 2/18/24 a review of incident reports revealed a family member visited Tenant C-1 on 10/14/24. Tenant C-1 was in pain (lower back). When she moved her legs at all she screamed out in pain. The family member requested 911 be called to transport Tenant C-1 to the emergency room to be checked out. On 2/20/25 review of a progress notes revealed the following: - on 10/07/24 the tenant told staff who came to get her for breakfast she had slipped out of bed and her tailbone hurt. - on 10/10/24 Tenant C-1 went to her doctor for lower back pain and x-rays after her slip out of bed on 10/7/24. The x-ray revealed no fracture noted. The doctor believed the tenant had bruised and sprained some muscles in her lower back. New orders were given for Tylenol 500 mg to be given at bedtime and every 8 hours as needed (PRN) for pain and Tramadol 50 mg. three times a day PRN for pain for 5 days. She could participate in activities as tolerated. - on 10/14/24 the tenant had a back spasm while on the toilet	A 145		

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A 145	Continued From page 3 - on 10/15/25 the tenant was admitted to the hospital for a sacral fracture. On 2/20/25 at 11:10 a.m. interview with the Health and Wellness Director (HWD) revealed Tenant C-1 never returned to the Program from the hospital. On 3/20/25 at 10:12 a.m. interview with Staff E confirmed Tenant C-1's meal trays were taken to her room after her fall on 10/7/25 because she was experiencing back pain. Staff E stated the day after Tenant C-1 had fallen she tried to get her up out of bed, but was unable to because the tenant said her back hurt too much. Staff E confirmed Tenant C-1 also required additional help with her activities of daily living after her fall. Before her fall she could do everything herself. She was independent with toileting and dressing. She was able to get her own clothes out of her dresser and closet independently. That all changed after she fell. On 3/20/25 at 10:37 a.m. interview with Staff F revealed after Tenant C-1's fall, she complained of extreme back pain. Staff took meal trays to her room three times a day. Staff also needed to help the tenant with positioning in her chair. She utilized her pendant to request assistance with toileting, help out of her chair and dressing. Staff F said before the fall she was independent and could do everything herself. After the fall she needed help with toileting, dressing, grooming, hygiene, transfers and ambulation. Staff F said the HWD was out at that time and a second nurse was in charge. Staff F could not recall if she reported these changes to the nurse in charge at the time or not. On 3/20/25 at 4:35 p.m. interview with Staff D	A 145		

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A 145	Continued From page 4 revealed Tenant C-1 had told her that she had slipped out of bed and was in a lot of pain. Staff D stated this was reported to the former nurse at the time. She confirmed she was not asked to complete an incident report but was told to note it in the nurses' notes. Staff D said Tenant C-1 had been going to the dining room to eat but following her sliding out of bed, she was not able to walk due to the pain. When she first moved in, Tenant C-1 was very independent with her activities of daily living. This included toileting and transfers. She went from dressing and toileting herself independently to requiring assistance with the management of her clothing as she held onto the grab bar to steady herself after toileting. On 3/20/25 at 11:59 a.m. interview with the HWD revealed the former nurse some staff had referred to, was in charge at the time while she was out of state on personal business. The HWD confirmed when she returned, they had reported Tenant C-1 was having muscle spasms. There were no reports of staff needing to assist Tenant C-1 more with activities of daily living. The HWD said there were no direct reports from the former nurse to her regarding Tenant C-1 nor were there any alerts in the tenant's charting regarding any issues. She was not aware of meal trays being sent to Tenant C-1's room or problems with her completing activities of daily living. She confirmed the staff reports of increased care needs would have required change of condition evaluations to be completed by the former nurse at that time.	A 145		

Plan of Correction
Bickford Cottage I Sioux City

A 130 481-67.2 (1)e Program Policies and Procedures
Regulatory Insufficiency: Program failed to ensure incident reports were completed for all unusual occurrences affecting 1 of 2 former tenants reviewed.

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

- Tenant C-1 discharged from the program on 10/15/24

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

- Divisional Director of Health and Wellness will review state regulation 67.2 (1)e with Health and Wellness Director
- Health and Wellness Director is responsible for re-educating caregivers on Incident Reporting Policy

The program will monitor performance to ensure compliance as follows:

- Executive Director along with the Health and Wellness Director will review all accidents or unusual occurrences within the program's building or on the premises that affect tenants to ensure an incident report has been completed.

A 145 481-69.22 (3) Evaluation of Tenant
Regulatory Insufficiency: Program failed to ensure evaluations were completed as needed with significant change in condition for 1 of 2 former tenants reviewed.

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

- Tenant C-1 discharged from the program on 10/15/24

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

- Divisional Director of Health and Wellness will review state regulation 67.2 (1)e with Health and Wellness Director
- All significant changes to condition reported during daily and weekly meetings will be reviewed to ensure an evaluation has been conducted

The program will monitor performance to ensure compliance as follows:

- Executive Director to ensure evaluations are completed following a significant change in condition

✓ 7/27/25