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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
	S0008	A. BUILDING: _____ B. WING _____	C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE FORT DODGE	1536 20TH AVENUE N FORT DODGE, IA 50501

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 16 Number of tenants with cognitive impairment: 8 Total census: 24 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 Complaints #112027-C and #112440-C.	A 000	See Attached POC 6/30/23	
A 170	481-67.3(4) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(4) To be free from mental and physical abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants are free from abuse. This pertained to 1 of 2 tenants reviewed (Tenant #1). Finding follows: When interviewed on 4/24/23 Staff A said Tenant #2's son of who visited his mother on 4/14/23	A 170		

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A 170	Continued From page 1	A 170		

became upset when he found Tenant #1 on his mother's couch. The son summoned the staff to remove the tenant. According to staff interviews Tenant #1 was disoriented and staff had difficulty convincing him to leave the room. As the staff were helping Tenant #1 out of the room the son "slammed" the door and Tenant #1's finger was in the door. Tenant #1 was resistive to staff care of the finger but staff said it bled.

Additional interviews with staff revealed the son came in the evening and often questioned staff on a variety of issues. Tenant #2 did not have a cognitive impairment and her Power of Attorney had not been invoked.

Record review on 4/24/23 revealed an incident report dated 4/14/23 describing the incident. According to the IR Tenant #2's family member found Tenant #1 in Tenant #2's room. Tenant #2's son alerted staff and they tried to convince Tenant #1 who was disoriented from Tenant #2's room. Tenant #2's son slammed the door and Tenant #1's finger was caught in the door. According to staff Tenant #1 would not let staff look at the finger right away but then they were able to they noted bleeding. Staff cleaned Tenant #1's finger.

When interviewed on 4/24/23 at 3:35 p.m. the delegating nurse said Tenant 2's son often visited the Program in evening. She admitted the son could be loud and intimidating. The incident was the first time the Tenant #2's son's behavior had affected a tenant in the building. She confirmed the Program had disabled Tenant #2's son's entrance fob and directed staff to contact the police if he came to the Program.

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A 175	Continued From page 2	A 175		
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 reasonable response regarding a billing error. This affected 1 of 2 tenants reviewed (Tenant #2). Finding follows: During an interview on 4/2/23 at 2:32 p.m. the interviewee mentioned a concern regarding the Program billing for a community fee that had been waived. Record review on 4/25/23 revealed Tenant #2's Occupancy Agreement signed on 10/8/21. Further review revealed a notation under Community Fee that said waived. During the exit interview on 4/26/23 at 11:15 a.m. the Divisional Director of Health and Wellness confirmed the Program would need to honor the waived fee and reimburse Tenant #2 the fees charged for the waived community fee.	A 175		
A 340	481-67.9(4)a Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:	A 340		

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A 340	Continued From page 3 a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program's delegating nurse failed to consistently ensure staff were trained to meet the individual needs of the tenants. This pertained to 1 of 3 staff reviewed (Staff A) and potentially affected 24 of 24 tenants. Finding follows: Record review on 4/25/23 revealed the Program hired Staff A on 4/5/22 and the delegating nurse on 9/27/22. Further record review revealed delegations for Staff A were completed on 1/5/23. During the exit interview on 4/26/23 at 11:15 a.m. the delegating nurse confirmed these findings.	A 340		
A 415	481-67.19(3)c Record Checks 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program.	A 415		

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A 415	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform evaluations of criminal history prior to employment. This pertained to 1 of 3 staff (Staff A) reviewed. Finding follows: Record review on 4/25/26 of Staff A's Single Contact License and Background Check dated 3/3/22 revealed a criminal history. No evaluation from the department of human servcies could be located. When interviewed on 4/26/23 at 9:31 a.m. the Divisional Director of operations confirmed the Program failed to complete the required evaluation prior to employment of Staff A.	A 415		

481-67.3 Tenant rights

481-67.3(4) All tenants have the following rights: to be free from mental and physical abuse

Regulatory insufficiency:

A175: The program failed to consistently ensure tenants are free from abuse

Plan of correction:

1. The Executive Director will hold a mandatory all-staff training and will review Bickford's abuse and neglect policy by 6/30/2023
2. Health and Wellness Director completed education on 4/27/23 to all staff that if any form of physical abuse is observed staff are to immediately notify the police, HWD, and ED.
3. An off-site conference will be held with Tenant #2 and Tenant's son. The Executive Director and Health and Wellness Director will be in attendance and the program will provide transportation to and from the conference for tenant #2, if agreeable. During the conference Executive Director and Health and Wellness Coordinator will be present and will discuss parameters of off-site visitation with Tenant #2 and son as there is a current protective order in place involving Tenant #1 and Tenant #2's son. The branch will provide transportation to the visitation site and educate on parameters of notification of transportation. Conference will be completed by 6/30/2023.
4. Once completed, the agreement regarding visitation will be typed and signed by the tenant and son and place in tenants record. An administrative note will be completed and filed, and progress note will be completed in resident chart.
5. Executive Director will complete staff education that if verbal escalation is witnessed by tenant #1 son they are to immediately intervene and escort the visitor from the program and notify the Executive Director and Health and Wellness Director. Education will be completed by 6/30/23

481-67.3 Tenant rights

481-67.3(5) all tenants have the following rights: to receive from the manager and staff of the program a reasonable response to all requests.

Regulatory insufficiency:

A175: The program failed to consistently ensure reasonable response regarding a billing error

Plan of correction:

1. Executive Director will ensure that the tenant is reimbursed the community fee by the next billing cycle, 6/30/23.
2. Executive Director will complete an audit of all current tenants' occupancy agreements and billing statements to detect and correct discrepancies by 6/30/23
3. Divisional Director of Operations will complete audits of tenant occupancy agreements and billing statements during routine visits to the branch.

481-67.9(4)a Staffing

481-67.9(4)a: Nurse delegation procedures. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.

Regulatory insufficiency:

The program's nurse failed to consistently ensure staff were trained to meet the individual needs of the tenants.

Plan of correction:

1. The health and Wellness Director will complete delegations of all certified and non-certified employees by 6/30/23
2. The health and wellness director will complete all delegations of new employees within 30 days of the employee start date.
3. The Executive Director will complete a weekly meeting with the Health and Wellness director in which new employees are discussed and a plan implemented for the completion of employee delegations.
4. The Divisional Director of Health and Wellness will complete audits of employee delegations and training while on routine visits to the branch.

481-67.19(3)c Record Checks

481-67.19(3)c: If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program.

Regulatory insufficiency: The program failed to consistently perform evaluations of criminal history prior to employment.

Plan of Correction:

1. The Executive Director wil complete an audit of all employee background checks by 6/30/23
2. If the Executive Director finds that any employee has been convicted of a crime under any law, the Executive Director will immediately conduct an audit to ensure that the follow-up evaluation from the Department of Human Services has been completed and that the employee has not been prohibited from working at the program.
3. If upon completion of the audits the Executive Director discovers that an employee has committed a crime under any law through background screening and the follow-up evaluation through the Department of Human Services has not been completed the Executive Director shall immediately notify the staff member and remove them from the schedule until the evaluation is completed and it is ascertained that the employee is not prohibited from employment with the program.
4. The Divisional Director of Operations will complete audits of background screenings and DHS follow-up evaluation documentation while on routine visits at the branch.