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 06/19/2024

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: 19 Number of tenants with cognitive impairment: 8 Total census: 27 No regulatory insufficiencies were cited during the investigation of 117494-I and 120393-C. The following regulatory insufficiencies were cited during the investigation of #116675-I.	A 000		
A 220	481-67.4(4) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(4) When a tenant elopes from a program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to report elopement within 24 hours or next business day. This pertained to 1 of 1 tenant who eloped (Tenant #1). Finding follows: Record review on 6/18/24 revealed an Incident Report (IR) dated 10/20/23 for Tenant #1's	A 220	Administration will report any/all future elopements within the 24 hour window per state of Iowa regulations.	9/27/24

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

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 06/19/2024

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 220	Continued From page 1	A 220		

elopement. Program staff found Tenant #1 in front of the branch by the front driveway. Observations on 6/1824 revealed the driveway was approximately five yards from the front door. Tenant #1 wore blue jeans and a blue sweatshirt. Staff documented the temperature outside to be 60 degrees Fahrenheit (F).

When interviewed on 6/20/24 at 12:37 p.m. the state climatologist provided the following weather information for 5/15/24 at 3:50 p.m. the temperature measured 66 degrees F, 52% relative humidity, winds out of the west 5 mph no precipitation detected and fair conditions.

Record review on 6/18/24 revealed Tenant #1's service plan dated 8/30/23 under the heading of social the staff were encouraged to provide one on one if exit seeking.

Tenant #1's diagnosis included unspecified vascular dementia, depression and history of stroke. The Program admitted Tenant #1 on 3/12/20, he was 83 years old and had a Global Deterioration Scale (GDS) score of 5 moderately severe cognitive decline.

Record review on 6/18/24 revealed former Staff A's statement dated 10/20/23. Staff A said she received door alarm notification showed door breach but did not specify the tenant. Staff A said she went to the door to see Tenant #1 outside and two co-workers (also former staff) had responded also. The three staff brought Tenant #1 inside.

When interviewed on 6/20/24 at 3:45 p.m. the Program nurse explained she reviewed the incident report but the former Director gathered staff statements. Review of information

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 06/19/2024

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 220	Continued From page 2 submitted to the Department by the former Director revealed she discovered the elopement on 10/20/23 and reported on 11/3/23. On 6/19/24 at 2:00 p.m. the administrative staff confirmed the Program failed to report the elopement to the Department.	A 220		