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 12/11/2024

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: 17 Number of tenants with cognitive impairment: 11 Total census: 28 The following regulatory insufficiencies were cited during the investigation of Incident #122582-I and Complaint #122333-C.	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 established policy on falls for 1 of 1 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 12/9/24 revealed Tenant C1 admitted to the program on 7/4/24. Incident Reports and nurses notes revealed Tenant C1 experienced falls and/or was observed on the floor on 7/18/24, 7/23/24, 7/24/24, 7/27/24, 8/1/24, 8/2/24, 8/3/24. An additional fall on 8/4/24 resulted in a closed fracture of Tenant C1's second lumbar vertebrae. On 12/11/24 review of the program's Policy and Procedures entitled "Fall Policy" indicated the	A 150	Health and Wellness Director (HWD) Educated to perform Fall Risk Assessments with each fall. Correction date 12.11.24	

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A 150	Continued From page 1 Falls Risk Evaluation Form should be completed with each fall until the evaluation identifies the resident consistently meets level 3 Falls Risks level. Further review of Tenant C1's file revealed only one Fall Risk Evaluation Form dated 8/6/24 regarding Tenant C1's fall resulting in fracture, completed by the former program nurse. When questioned on 12/11/24 at 3:34 pm, the Health and Wellness Director responded no further Fall Risk Evaluation forms could be located for any of the tenant's previous falls. On 12/11/24 at 4:00 pm the Executive Director and Health and Wellness Director confirmed the above findings.	A 150		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure toileting and personal hygiene assistance was provided for 1 of 2 discharged tenants reviewed (Tenant C2). Findings follow:	A 160	Education provided to BFM's (Aides) for Resident Rights, Dignity and Redirecting Refusals of Care Plan. 12.17.24	

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A 160	Continued From page 2 Record review on 12/10/24 revealed Tenant C2 admitted to the program on 7/3/24 for a 30-day retreat stay. The service plan dated 7/8/24 revealed Tenant C2 required staff assistance with the following Activities of Daily Living (ADLs): bathing, dressing, grooming, and dental care. The tenant required support with safe ambulation, mobility, and repositioning. In addition toileting assistance was needed for peri-hygiene cares and to help with routine compliance with the objective being maintenance of healthy urine and bowel output and proper personal hygiene. The service plan further indicated Tenant C2 required safety checks one time per shift. If she was resistant to staff assistance and cares, staff were to give Tenant C2 space, re-direct, and re-approach at a later time. During an interview on 12/10/24 at 8:30 am with the family representative of Tenant C2, they stated a family friend had visited Tenant C2 on the evening of 7/19/24 and reported to them they found Tenant C2 on the floor soiled with feces, as well as the floor around her. The family friend alerted program staff, and then left the program at approximately 8:30 pm. The family representative stated he discussed his concerns with the former program nurse a few days after the incident and the former program nurse stated Tenant C2 could be resistive to cares. More training with staff needed to be done on how to better approach tenants in order to provide for tenant needs. She stated she had spoken with staff and let them know it was unacceptable for someone to be left that way. Record review on 12/10/24 revealed the following documentation from program staff: *7/19/24 at 9:01 pm Staff C documented the	A 160		

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A 160	Continued From page 3 following interaction with Tenant C2, stating (copied as written in documentation): Went into check on (Tenant C2) she was on the floor with her blanket and pillow told me she was taking a nap and told me to get out *7/20/24 at 3:45 am Staff D documented the following interaction with Tenant C2, stating (copied as written in documentation): Went in on rounds to check on (Tenant 2) and she was still laying on the floor. 2nd shift told me (former program nurse) was aware of this. (Tenant C2) is refusing to get up and move off the floor she stated she was sleeping and didn't want to get up will let 1st shift Med Aide aware also. (Tenant C2) also refused cares to get in different clothes and get cleaned up. *7/20/24 at 2:24 pm Staff A documented the following interaction with Tenant C2, stating (copied as written in documentation): BFM (Bickford Family Member, the term used by the program to identify a direct care staff member) was able to get her off of the floor and changed into clean clothes. Further review of the notes revealed on 7/22/24 at 10:38 am the former program nurse documented a conversation she had with Tenant C2's family representative via phone stating the family representative was upset regarding Tenant C2 not getting changed, cleaned up and off the floor on 7/19/24. The entry indicated Tenant C2's service plan would be updated to reflect program staff to encourage Tenant C2 to use toilet routinely, to continue to attempt to assist Tenant C2 when she is being resistive to cares, such as having another BFM to attempt assisting Tenant C2, giving her some space, and to continue to attempt often throughout the shift to assist with her cares.	A 160		

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A 160	Continued From page 4 During an interview on 12/11/24 at 1:10 pm, Staff A stated she recalled documenting her note entry late at 2:24 pm because the shift was too busy and she was documenting at the end of her shift. Staff A recalled entering Tenant C2's room on 7/20/24 between 6:30 am and 7:30 am when she would normally begin to get tenants up and provide morning cares and found Tenant C2 laying on the floor in her own feces. Staff A stated she was surprised and very upset to find Tenant C2 in this manner as she had not been alerted by the former shift. Staff A stated she left the room to go get help and she and another staff member assisted in getting Tenant C2 up off of the floor and provided personal cares to clean her up. It had appeared to her Tenant C2 had been laying in her own feces for a couple of hours. She could not recall if Tenant C2's service plan had stated program staff were scheduled to provide routine checks but believed they were supposed to check on Tenant C2 regularly because of her history of refusals, such as refusing to eat, refusing cares, and refusing to go to the bathroom. During an interview on 12/10/24 at 11 am, Staff B recalled Tenant C2 on the floor soiled on the morning of 7/20/24 and also assisting in getting her up and providing personal cares. Staff B stated Tenant C2 could be resistant to cares but felt meeting her needs was all about using the correct approach. Staff B stated she felt other staff would approach Tenant C2 and ask if they could change her and when Tenant C2 responded with a "no" the staff turned around and walked out and didn't provide cares. There was no indication in the documentation provided program staff made any further checks or attempts to address the needs of Tenant C2 prior to Staff A and Staff B resolving the issue	A 160		

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A 160	Continued From page 5 approximately ten hours after Staff C first observed Tenant C2 in need. On 12/10/24 at 1:00 pm, the current Executive Director stated the expectation for program staff would have been to follow Tenant C2's service plan which instructed staff to assist as needed with Tenant C2's peri-hygiene cares. She further stated AL staff were to encourage tenants to do as much for themselves as possible but if a tenant needed assistance, then she'd want program staff to ensure provision of care. On 12/11/24 at 4:00 pm the Executive Director and Health and Wellness Director confirmed the above findings.	A 160		
A 340	481-69.25(2) Tenant Documents 69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure tenant documents were retained for 3 years for 1 of 2 discharged tenants reviewed (Tenant C2). Findings follow: Record review on 12/10/24 revealed Tenant C2 admitted to the program on 7/3/24 for a 30-day retreat stay. The service plan dated 7/8/24 revealed Tenant C2 required staff assistance most aspects of activities of daily living including peri-cares. No documentation could be located by the program indicating completion of the ADL tasks	A 340	Health and Wellness Director (HWD) educated to retain documents of care taks for a minimum of 3 years. Correction date 12.11.24	

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A 340	Continued From page 6 the tenant required assistance with and which staff member assisted the tenant with the ADLs. When interviewed on 12/11/24 at 12:27 pm, the Health and Wellness Director responded program staff documented completion of ADL tasks on paper forms daily and signed with their initials after each task. She stated it was corporate policy to keep the ADL task sheets for a period of seven days and then the task sheets were destroyed. On 12/11/24 at 12:44 pm the Health and Wellness Director confirmed the above findings.	A 340		