STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP020	A. BUILDING _____ B. WING _____	08/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE MUSCATINE	2807 CEDAR ST MUSCATINE, IA 52761

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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 disorder: 26 Number of tenants with cognitive disorder: 7 TOTAL census of Assisted Living Program: 33 No regulatory insufficiencies were cited during the investigation into Complaint #99795-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.	A 000		
A 195	481-69.23(1)i Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: i. Requires maximal assistance with activities of daily living This Requirement is not met as evidenced by: Based on interview and record review, the program retained 1 of 4 tenants who required maximal assistance with activities of daily living (Tenant #2). Findings follow: Record review on 6/22/22 revealed Tenant #2 was discharged from hospice services. A Nurse Review form dated 7/12/22 asked if there were	A 195		

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A 195	Continued From Page 1 changes to Tenant #2's social-activity participation, weight or activities of daily living and the nurse completing the review checked a box on all "N/A". On 8/24/22 at 12:25 PM, Staff A reported Tenant #2 was totally dependent on staff to complete the tasks of dressing, grooming, feeding and showers. Staff A said Tenant #2 could be a two-person assist with transfers, depending on who was working. She requested a second person to assist her with transferring Tenant #2. On 8/24/22 at 1:20 PM, Staff B said Tenant #2 was totally dependent on staff to provide assistance with dressing, showering, grooming, feeding and toileting assistance. On 8/25/22 at 11:11 AM, Staff C stated Tenant #2 was totally dependent on staff to provide her assistance with feeding as she can't feed herself and is only able to chew her food. Tenant #2 is unable to groom herself as she would drop a hairbrush or toothbrush. Staff takes Tenant #2 to the toilet, but Tenant #2 doesn't participate. Tenant #2 was unable to assist with showering and would not wash her body or face herself. On 8/25/22 at 12:15 PM, the Director and RN Coordinator confirmed these findings. The RN Coordinator stated Tenant #2 was unable to assist with dressing, showering, grooming, feeding or toileting. Tenant #2 was diagnosed with Covid-19 on 8/15/22. Tenant #2 could assist with feeding herself prior to that time, otherwise her level of dependence had not changed for quite some time.	A 195		
A 200	481-69.23(1)j Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or	A 200		

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A 200	Continued From Page 2 retained. A program shall not knowingly admit or retain a tenant who: j. Despite intervention, chronically urinates or defecates in places that are not considered acceptable according to societal norms, such as on the floor or in a potted plant. This Requirement is not met as evidenced by: Based on interview and record review, the program retained 1 of 4 tenants reviewed who urinated in inappropriate places (Tenant #4). Findings follow: Record review on 8/25/22 revealed Tenant #4 had a service plan dated 8/10/22. Tenant #4 was occasionally independent with toileting in his apartment. He was occasionally incontinent of bowel and urine. If staff noticed he had an episode of incontinence, they were to assist him with incontinent cares. If staff noticed an odor or urine in the stool of his apartment, they were to ensure his toilet had been flushed. If his clothing was soiled with urine or stool, they were to ensure the clothing was washed. Staff were to complete incontinence cares if they noticed Tenant #4 had an episode of incontinence. Staff were to remind Tenant #4 to use the toilet upon rising, before or after meals, before bed and as needed. If increased agitation occurred with toileting or providing cares, they were to report this. On 8/24/22 at 12:25 PM, Staff A reported seeing Tenant #4 urinating in the hall of the building. On 8/24/22 at 1:20 PM, Staff B stated Tenant #4 urinated in the corner of his apartment, in the trash can of his apartment and in the sink on a daily basis.	A 200		

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A 200	Continued From Page 3 On 8/25/22 at 11:11 AM, Staff C said Tenant #4 did urinate in common areas most days. Staff would find wet spots and know Tenant #4 urinated there. On 8/24/22 at 5:00 PM, the Director reported being aware Tenant #4 urinated in inappropriate places in his apartment.	A 200		
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. 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 newly hired nurse failed to ensure 3 of 3 certified staff were sufficiently trained/nurse delegated in all tasks within 60 days of hire of the nurse (Staff B, Staff E and Staff H). Findings follow: A review of an employee information sheet provided by the program at the time of entrance revealed the RN Coordinator was hired on 5/2/22. Staff B was a Certified Nurse Aide (CNA) and hired on 4/5/22. She had not been trained by the	A 340		

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A 340	Continued From Page 4 newly hired RN. Staff E worked as a Certified Medication Aide (CMA) and was hired on 12/3/21. She had not been trained by the newly hired RN. Staff H was a Nurse Aid and hired on 5/6/20. He was trained by the RN on 8/24/22, more than 60 days from RN Coordinator's date of hire. The RN Coordinator confirmed these findings on 8/25/22 at 1:34 PM.	A 340		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This Requirement is not met as evidenced by: Based on interview and record review, the program had 3 of 3 tenants reviewed, who were admitted after 3/29/20, sign the occupancy agreement prior to signing the preliminary service plan. Findings follow: Record review on 8/24/22 revealed Tenant #1's legal representative signed the occupancy agreement on 8/3/22. The initial service plan was dated 8/5/22. It was not signed by Tenant #1 or her legal representative.	A 355		

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A 355	Continued From Page 5 Tenant #2's legal representative signed the admission agreement on 3/27/22. The initial service plan was dated 3/30/20. Tenant #3's legal representative signed the occupancy agreement on 8/3/22. The initial service plan was dated 8/4/22. It was not signed. The Director and RN Coordinator confirmed these findings on 8/25/22 at 12:15 PM.	A 355		
A 370	481-69.26(3)a Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This Requirement is not met as evidenced by: Based on interview and record review, the program failed to obtain signatures on the service plans of 2 of 2 tenants reviewed when a change of condition occurred (Tenant #2, Tenant #4). Findings follow: Record review on 8/25/22 revealed Tenant #2 had a change of condition service plan dated 7/12/22. It was not signed by the tenant or her legal representative. There was no documentation in her record the program attempted to contact the legal representative to obtain the signature. Tenant #4 had a change of condition to his service plan dated 8/10/22. There was no documentation	A 370		

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A 370	Continued From Page 6 in his record the program attempted to contact his legal representative to obtain a signature on the service plan. The Director and RN Coordinator confirmed these findings at 8/25/22 at 12:15 PM.	A 370		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This Requirement is not met as evidenced by: Based on interview and record review, the program failed to complete a criminal history check and a dependent adult abuse check prior to the date of hire on 4 of 5 employees reviewed (Staff B, Staff D, Staff E and Staff G). Findings follow: Record review on 8/25/22 revealed Staff B was hired on 4/5/22. The program did not check her criminal history or dependent adult abuse history until 8/25/22, four months after she was hired. Staff D was hired on 6/1/22. The program did not check her criminal history or dependent adult abuse history until 6/2/22. Staff E was hired on 12/3/21. There was no evidence of criminal history or dependent adult abuse checks prior to hire. Staff G was hired on 2/14/22. The program did	A 400		

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A 400	Continued From Page 7 not check her criminal history or dependent adult abuse history until 3/7/22. The Director confirmed these findings on 8/25/22 at 1:55 PM.	A 400		