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
	S0012	A. BUILDING: _____ B. WING _____	C 10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE MARSHALLTOWN	101 NEW CASTLE RD MARSHALLTOWN, IA 50158

(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. Tenants without cognitive impairment: 28 Tenants with cognitive impairment: 13 Total census: 41 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People wtih Dementia and the investigation of Incident #130515-I. The following regulatory insufficiencies were cited during the investigation of Incident #130446-I.	A 000	POC 10/8/25	
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 its policy for resident monitoring devices. This pertained to 1 of 1 tenants review as a result of Incident #130446-I (Tenant #1). Findings follow: Record review of Tenant #1's file revealed the following:	A 150	All new resident MMSE scores will be reviewed by both the Executive Director and Health and Wellness Director prior to move in to ensure appropriate geofencing is set for the resident security system.The executive director and health and wellness director will review all residents MMSE/ GDS levels monthly to ensure accuracy and appropriate geofencing in care predict system. All elopements will be reported immediately to the executive director,health and wellness director,divisional directors of health and wellness, and the divisional director of operations. The executive director reviewed missing person policy and procedures with all employees on 10/8/25.The ED and HWD were re-educated on Bickford's policy regarding monitoring devices. The divisional director of operations and the divisional director of health and wellness will provide additional oversight to ensure that the policy is adhered to.	

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

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A 150	Continued From page 1 1. Mini Mental State Examination (MMSE) dated 8/25/25 revealed a score of 16/30 and indicated an abnormal outcome. MMSE completed 9/11/25 noted a score of 15/30. MMSE dated 9/11/25 noted a score of 15/30 and a Global Deterioration Scale completed 9/11/25 scored a 4 which indicated moderate cognitive decline. 2. Service Plan dated 8/25/25 noted she required staff assistance with orientation, redirection, and wayfinding due to memory impairment and poor safety awareness. 3. Incident Report dated 9/19/25 documented Tenant #1 exited the building with another tenant and staff found her outside walking in the parking lot. Record review of policy for resident monitoring device noted the triggers to activate the monitoring device included: a. MMSE score of 15 or less upon admission b. GDS of 4 or greater c. Resident is unable to be outside of the branch unattended Observation revealed the Program situated in a residential area on Highway 14, which ran through town and had a speed limit of 45 miles per hour in front of the Program. According to Weather Underground the weather in Marshalltown on 9/19/25 around 10 a.m. was 65 degrees Fahrenheit (F) with winds out of the southeast at 8 mph and cloudy skies. When interviewed on 10/6/25 at 1:22 p.m. Staff A reported she was in the kitchen when an off duty	A 150		

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A 150	Continued From page 2	A 150		

staff came in and said she saw Tenant #1 in the parking lot. She went outside and found her in the parking lot walking towards the back lot and escorted Tenant #1 back into the building. She said Tenant #1 was dressed appropriately for the weather and it was a nice day to be outside and she said there were no injuries.

When interviewed on 10/6/25 at 1:43 p.m. Staff B said the Saturday or Sunday prior to 9/19/25 another tenant approached her to report she saw Tenant #1 outside walking on the south side of the building. Staff A went out the front door and walked along the sidewalk, found a walker on the grass and observed Tenant #1 trying to get in the south door. Tenant #1 told her she was looking at the plants and could not find her way back in. Staff B said she called Staff C to let them in the door and it was around 10:00 a.m.

When interviewed on 10/6/25 at 1:52 p.m. Staff C confirmed Staff B called her to let them in the south door around 10:00 a.m. She said she explained to Tenant #1 it would not be safe for her to go outside without staff in case she had a fall and they would not know where she was. Staff C called the Health and Wellness Coordinator to report finding her outside.

When interviewed on 10/6/25 at 3:14 p.m. the Executive Director explained all tenants received a Tempo watch to press a button to request staff assistance. The Tempo watch used GEO fence to alert staff when a tenant goes out a door and not all tenants would have that activated upon admission. She stated their policy stated it is activated when they score 15 out of 30 on the MMSE or have a GDS of 4 or greater. She said Tenant #1 scored 16/30 on the MMSE and a

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A 150	Continued From page 3 GDS would not be completed until her 30 day assessment was due. When asked about the other considerations listed on the policy regarding a tenant unable to be left alone outside the building, the ED confirmed she was focused on the scores and overlooked the other criteria. The ED stated they reviewed all tenants to ensure GEO fence was activated for all tenants that met the criteria. When interviewed on 10/6/25 at 2:18 p.m. the Health and Wellness Coordinator stated she completed the admission assessments for Tenant #1 and she scored 16/30 on the MMSE and had not done the GDS because it would be done at the 30 day review if she failed the MMSE again. She confirmed Tenant #1 would not be safe to be outside the building without staff due to her cognitive status but did not activate the GEO fence on the Tempo watch due to her MMSE score and program policy. The HWC completed significant change of condition assessments on 9/11/25 which included the MMSE and Tenant #1 scored 15/30 and her GDS score was 5. When asked why this did not trigger the GEO fence to be activated, the HWC confirmed she overlooked this and accepted her mistake. She reported staff called her either September 13 or 14, 2025 to report finding Tenant #1 outside and did not know where she was or how to get back inside the building. The HWC said she confused Tenant #1 with another tenant and thought she had no cognitive impairment and had no concerns that she was found outside and did not report event to the ED. She stated she now pulls up the tenant to confirm that information when contacted by staff after hours.	A 150		