

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2024
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NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE IOWA CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 LOWER W BRANCH RD IOWA CITY, IA 52245
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A 000	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive disorder: 19 Number of tenants with cognitive disorder: 16</p> <p>TOTAL Census of Assisted Living Program for People with Dementia : 35</p> <p>No regulatory insufficiencies were cited during the investigation into Incident #116677-I. The following regulatory insufficiencies were cited during the investigation of Incidents #114814-I, #114815-I and Complaint #116350-C.</p>	A 000	See Attached POC 6/20/24	
A 325	<p>481-67.9(1) Staffing</p> <p>67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to have sufficient staff available to fully meet the needs of 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings include:</p> <p>Record review on 2/27/24 revealed Tenant #1 had an assessment dated 1/2/24. Tenant #1 was incontinent of bowel and bladder and wore incontinence briefs. Staff were to assist Tenant #1 upon waking, before and after meals, before bed and as needed with toileting.</p> <p>Tenant #2 had an assessment dated 12/29/23.</p>	A 325		

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

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A 325	<p>Continued From page 1</p> <p>Tenant #2 was incontinent of bowel and bladder due to mobility. Staff were to provide Tenant #2 with toileting assistance upon waking, before and after meals, before bed and as needed. Staff were to provide Tenant #2 with toilet hygiene after he used the bathroom and assist with changing his brief when it became soiled.</p> <p>On 2/26/24 at 3:34 PM, Staff A reported Tenant #1 got checked hourly for toileting assistance and to make sure he was safe in the building. Tenant #1 had a weird rash on his bottom. The skin on Tenant #2's bottom was really broken down. In the past they had someone sit in the same chair each day and he soaked through the chair. This tenant passed away. Tenant #1 refused to get up and go to the bathroom.</p> <p>On 2/26/24 at 4:40 PM Staff C stated Tenant #2 had a wound on his bottom and it hadn't gotten better for months. He also refused cares which didn't help with problems related to toileting.</p> <p>On 2/27/24 at 10:00 AM, Staff B said when she comes into work in the morning she finds a couple of people who are soaked through their briefs, mattress pads and protectors. These tenants are supposed to get changed in the middle of the night.</p> <p>On 2/27/24 at 5:00 PM, the Director of Health and Wellness reported staff report off and on issues with tenants being soiled when staff come in to work. She talked with the staff involved. She was not aware of any tenants who had skin issues.</p>	A 325		

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A 160	Continued From page 2	A 160		
A 160	<p>481-69.23(1)c(1) Criteria for Admission / Retention of Tenants</p> <p>69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:</p> <p>c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who:</p> <p>(1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program retained tenants who were dangerous to themselves or others. This pertained to 2 of 4 tenants reviewed (Tenant #1 and Tenant #2). Findings follow:</p> <p>1) Record review on 2/26/24 of incident reports and progress notes for Tenant #1 revealed the following:</p> <p>a. A progress note dated 11/7/23 identified the Director of Health and Wellness (DHW) completed an initial assessment for Tenant #1 on 11/7/23. Tenant #1 had a primary diagnosis of Alzheimer's disease. The DHW was unable to complete a cognitive screening for Tenant #1 as he would start talking about other things when asked questions.</p> <p>b. An Incident Reported dated 11/9/23 identified Tenant #1 tried to exit the building twice and then succeeded on his third attempt. Staff heard the alarm and found Tenant #1 in the walkway leading to the building.</p>	A 160		

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A 160	<p>Continued From page 3</p> <p>c. On 11/10/23, the DHW completed a change of condition assessment for Tenant #1 due to his elopement the previous day. Tenant #1 scored a 6 on the Global Deterioration Scale indicating a cognitive impairment.</p> <p>d. Tenant #1 was exit-seeking on 11/12/23 for a few hours according to a progress note.</p> <p>e. There was an incident report for Tenant #1 dated 11/12/23 in which staff responded to an exit door alarm at 2:15 PM. Tenant #1 was found at the program bus knocking on the door. He yelled he was ready to leave.</p> <p>f. Tenant #1 opened the exit door on 11/21/23. Staff saw Tenant #1 standing at the opening to the exit door by room 110. Tenant #1 returned to the building without incident.</p> <p>g. the DHW conducted a change of condition assessment for Tenant #1 on 12/12/23 when he began receiving hospice services. Staff were to provide Tenant #1 with ongoing redirection due to frequent wandering and the risk of elopement.</p> <p>h. In an incident report dated 12/18/23 at 9:30 AM, staff documented Tenant #1 was found outside the building. No door alarms sounded when he exited the building. Staff brought Tenant #1 inside after seeing him outside of the building. The program completed a care conference with the power of attorney to discuss a 1:1 companion for Tenant #1. The family was going to provide the additional supervision.</p> <p>i. Tenant #1 eloped from the program on 1/1/24 at 9:22 AM and again at 9:40 AM according to Incident Reports. Tenant #1 was found in the parking lot on both occasions.</p>	A 160		

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A 160	<p>Continued From page 4</p> <p>j. Staff documented on 1/7/24 Tenant #1 was exit-seeking. Staff documented he tried to open the exit door twice, but they responded before he eloped. Tenant #1 finally did open the front door and was halfway out before he was easily redirected.</p> <p>k. Tenant #1 was exit-seeking on 1/8/24 according to a progress note.</p> <p>l. It was documented in a progress note Tenant #1 was exit-seeking frequently on 2/20/24. Staff administered anti-anxiety to Tenant #1 as he was agitated and yelling at staff when they attempted to redirect him.</p> <p>On 2/26/24 at 4:40 PM, Staff C reported Tenant #1 tried to leaving the building. He would walk to the door, slam his walker into the door and shake the door.</p> <p>On 2/27/24 at 9:47 AM, the Executive Director and DHW confirmed Tenant #1 met the criteria for chronically eloping and exceeded level of care for an assisted living program.</p> <p>2) A review of progress notes for Tenant #2 revealed the following instances of verbal aggression:</p> <p>a. On 11/7/23 at 7:50 PM, Tenant #2 wouldn't let anyone reset his pendant. Tenant #2 wanted a cheeseburger but it was not meal time. Tenant #2 cussed at staff when they told him the sandwich was not available.</p> <p>b. On 12/1/23, Tenant #2 was harassing staff. He called them curse words, very unpleasant, rude and lots of names.</p>	A 160		

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A 160	<p>Continued From page 5</p> <p>c. On 12/3/23, Tenant #2 asked staff to help open his window. When staff did not perform this task quickly enough, he swore at them.</p> <p>d. On 12/8/23, Tenant #2 refused staff assistance because he could not speak to the person in charge. He cursed at staff.</p> <p>e. On 12/14/23, Tenant #2 was yelling his pendant did not work. Staff told him management would fix the pendant when they arrived. He yelled at staff through the afternoon.</p> <p>f. The Director of Health and Wellness (DHW) updated Tenant #2's service plan on 12/29/23. She identified Tenant #2 continued to have negative behaviors. The service plan identified Tenant #2 has had inappropriate behaviors toward staff members, such as making false accusation. When Tenant #1 displayed these behaviors, staff were to tell Tenant #2 his behavior was not appropriate. Tenant #2 was known to spit at staff and repeatedly press his call pendant but not let staff assist him or reset his pendant.</p> <p>g. On 1/19/24 Tenant #2 hit a staff person who was attempting to assist him with toileting. Tenant #2 accused staff of not helping him quickly enough and said she needed to be trained.</p> <p>h. The DHW documented on 1/24/24 Tenant #3 refused to shower. The DHW spoke with him and said she could not recall the last time he showered. Tenant #2 reported he did not have to shower and told the DHW to get out of his room.</p> <p>i. Tenant #2 pressed his pendant for help on</p>	A 160		

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A 160	<p>Continued From page 6</p> <p>2/1/24. When staff approached Tenant #2 to help him he told her to get the hell out of his room. When staff tried to clear his pendant he swung his arm away forcefully. Tenant #2 also spit mucus onto the floor when returning to his room from lunch.</p> <p>j. Tenant #2 told staff to get out of his room when they asked him to shower on 2/14/24.</p> <p>On 2/26/24 at 3:30 PM, Staff A reported a number of staff don't like to provide care to Tenant #2 because he is rude and racist. A lot of people avoid helping him and his pendant would go off for 15-20 minutes when he pressed it for help.</p> <p>On 2/27/24 at 10:00 AM, Staff B reported Tenant #2 was verbally abusive. She stated she was used to his behavior because it happened every day. Tenant #2 swore at staff using every curse word in the book.</p> <p>On 2/27/24 at 9:47 AM the Executive Director and DHW confirmed Tenant #2 displayed verbal aggression and exceeded the program level of care.</p>	A 160		
A 530	<p>481-69.29(4) Staffing</p> <p>481-69.29(231C) Staffing.</p> <p>69.29(4) A dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be awake and on duty 24 hours a day on site and in the proximate area. The staff shall check on tenants as indicated in the tenants' service plans.</p>	A 530		

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A 530	<p>Continued From page 7</p> <p>A non-dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be able to respond to a call light or other emergent tenant needs and be in the proximate area 24 hours a day on site. The staff shall check on tenants as indicated in the tenants' service plans.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to supervise current tenants according to their service plans resulting in elopement and/or injury. This pertained to 1 of 3 current tenants reviewed (Tenant #1). Findings include:</p> <p>Record review on 2/24/23 of Tenant #1's service plan identified he had a Global Deterioration Scale score of 6, indicating cognitive impairment. Tenant #1 was noted to be disoriented to person, time and place. He had poor safety awareness. Tenant #1 had a history of elopements and did attempt to leave the building. Staff increased supervision checks to every two hours for Tenant #1 on 11/9/23 after an elopement. Following an elopement on 11/12/23, staff began to provide supervision checks every hour.</p> <p>Record review on 2/26/24 of incident reports and the correlating Quick MAR reports revealed documentation about the following events for Tenant #1:</p> <p>a. On 12/18/23, Tenant #1 was found outside around 9:30 AM. No door alarms sounded or were heard by staff. On 12/18/23, staff documented they saw Tenant #1 at 7:50 AM.</p>	A 530		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 530	<p>Continued From page 8</p> <p>Tenant #1 was not checked during the 8:00 AM or 9:00 AM hour. The Quick MAR report listed these checks as late.</p> <p>b. On 1/1/24 at 9:30 AM, staff came out of the kitchen and heard the front door alarm sounding. A tenant in the living room reported someone went out the front door. Staff found Tenant #1 in the parking lot and brought him inside the building.</p> <p>c. On 1/1/24 at 9:40 AM, staff went outside to check on Tenant #1 after hearing an alarm. Tenant #1 was not in sight but was found after a search around the building. When staff found Tenant #1 he went into the building with them. On 1/1/24, staff documented checking on Tenant #1 at 7:52 AM and again at 9:38 AM. Staff did not provide hourly checks. The Quick MAR report listed these checks as late.</p> <p>The Executive Director confirmed these findings on 2/28/24 at 12:30 PM.</p>	A 530		
A 635	<p>481-69.32(2) Life Safety - Emergency Policies / Structure</p> <p>69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure the building's alarm system worked properly, potentially affecting 16 of 16 tenants with cognitive impairment. Findings include:</p>	A 635		

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A 635	<p>Continued From page 9</p> <p>1) Record review on 2/26/24 of progress notes for Tenant C2 revealed he moved to the program on 7/24/23. The Health and Wellness Director (HWD) documented on 8/1/23 a change of condition evaluation was conducted as Tenant C2 scored 6 on the Global Deterioration Scale indicating a cognitive decline. Tenant C2 attempted to exit the building at times but was easily redirected by staff.</p> <p>The Licensed Practical Nurse (LPN) documented on 8/5/23 at 1:30 PM she saw Tenant C2 walking in the parking lot. The door alarm did not sound when he exited the building. Tenant C2 returned to the building with staff without incident.</p> <p>2) Tenant #1's service plan identified he had a Global Deterioration Scale score of 6, indicating cognitive impairment. Tenant #1 was noted to be disoriented to person, time and place. He had poor safety awareness. Tenant #1 had a history of elopements and did attempt to leave the building.</p> <p>An Incident Report dated 12/18/23 identified Tenant #1 was found outside around 9:30 AM. The door alarms did not sound. He did not receive any injuries when out of the building. On 1/1/24 at 9:40 AM, Tenant #1 was seen by staff in the parking lot. Staff at the front of the building could not hear the alarm going off at the back of the building.</p> <p>On 2/26/24 at 3:34 PM, Staff A reported the program has have been having a lot of problems with Care Predict, the door alarm monitoring system. The system had been in use for about 4-5 months. Sometimes it would shut down and then they have to do 15 minute checks on</p>	A 635		

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A 635	<p>Continued From page 10</p> <p>tenants. Other times, staff might not get an alert about a tenant being outside for 40 minutes. Sometimes the door alerts won't trigger. Sometimes they won't get alerts about doors opening unless they check the real computer, instead of the phones staff carry. When Tenant C2 eloped, he went out the door by apt. 122. The door alarmed to a computer but she didn't get the notification on her phone. She couldn't hear the door alarm from the dining room where she was serving supper.</p> <p>On 2/27/24 at 10:00 AM, Staff B stated Tenant C2 would circle around the building trying to get out the doors. If you tried to redirect him he would scream no! Tenant C2 was doing laps on 8/5/23 but was pretty calm. They were cleaning up the dining room and some staff were taking their lunch. From the dining room window they saw him in the parking lot. He was probably outside for 1-2 minutes. They did not hear the alarm or get notification he was out.</p> <p>The door alarms don't work all the time. She recently learned Tenant #1 tried to get out of the building from the far hallway. The housekeeper was with him. He went out the door with the housekeeper. None of them heard the alarm or got an alarm on the phone he was out. You can't hear the alarm from the front. They didn't get the notification until he was back in the building with the housekeeper.</p> <p>On 2/27/24 at 5:00 PM The Executive Director reported there were times when the door didn't alarm. There have been situations in which alerts did not go to the staff phone about cognitively impaired tenants exiting the building or the alert arrived late. The door alarm system was relatively new and not always dependable.</p>	A 635		

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A 325-481-67.9(1) Staffing

Regulatory insufficiency: The program failed to have sufficient staff available to fully meet the needs of tenants.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Tenant #1 and Tenant #2 have been delivered a 30-day notice of discharge.
- Staff A, B and C have been re-educated on the Communication Policy and Documentation Policy.

The following measures will be taken to ensure the problem does not occur:

- Divisional Director of Operations provided re-education to Executive Director and Health & Wellness Director on Documentation and Communication Policies on 6/19/24.
- Upon hire, the Executive Director/HWD or designee will provide education to new staff members on the Documentation and Communication Policies.
- Executive Director/HWD or designee will provide all staff members re-education on the Documentation and Communication Policies on 6/21/24.
- Those staff who are not in attendance shall be provided with 1:1 education.

The program will monitor performance to ensure compliance as follows:

- Divisional Director of Operations or designee will audit resident charts randomly when onsite to ensure compliance with the Communication and Documentation Policies.

Date deficiencies corrected by: 6/20/24

A160 481-69.23(1)c(1) Criteria for Admission/Retention of Tenants

Regulatory Insufficiency: The program retained tenants who were dangerous to themselves or others.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Tenant #1 and Tenant #2 have been delivered a 30-day notice of discharge.

The following measures will be taken to ensure the problem does not occur:

- Divisional Director of Operations provided re-education on 6/20/24 to the Executive Director and Health & Wellness Director on Criteria for Admission and Retention.
- Upon hire, the Executive Director/HWD or designee will provide education to new staff members on Criteria for Admission and Retention.
- Executive Director/HWD or designee will provide all staff members re-education on Criteria for Admission and Retention on 6/21/24.

- Those staff who are not in attendance shall be provided with 1:1 education.
- HWD/designee will assess all residents prior to move in and as needed to ensure residents remain appropriate and meet criteria for admission and retention.
- Divisional Director of Operations or designee will review twice per month for 90 days any residents reported as danger to themselves or others to determine if retention criteria are met.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Operations or designee will audit resident records at least twice per year during onsite program visits and as needed.

Date deficiencies corrected by: 6/20/24

A 530-481-69.29(4) Staffing(231C)

Regulatory insufficiency: The program failed to supervise current tenants according to their service plans.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Tenant #1 has been delivered a 30-day notice of discharge.

The following measures will be taken to ensure the problem does not occur:

- Divisional Director of Operations provided re-education to Executive Director and Health & Wellness Director on Documentation and Communication Policies on 6/19/24.
- Upon hire, the Executive Director/HWD or designee will provide education to new staff members on the Documentation and Communication Policies.
- Executive Director/HWD or designee will provide all staff members re-education on the Documentation and Communication Policies on 6/21/24.
- Those staff who are not in attendance shall be provided with 1:1 education.

The program will monitor performance to ensure compliance as follows:

- Divisional Director of Operations or designee will audit resident charts randomly when onsite to ensure compliance with the Communication and Documentation Policies.

Date deficiencies corrected by: 6/20/24

A 635-481-69.32(2) Life Safety-Emergency Policies/Structure

Regulatory insufficiency: The program failed to ensure the building's alarm system worked properly.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Tenant #1 has been delivered a 30-day notice of discharge.

The following measures will be taken to ensure the problem does not occur:

- Divisional Director of Operations provided re-education to Executive Director, Health & Wellness Director and Maintenance Coordinator on Resident Monitoring System Use and Maintenance Policy on 6/19/24.
- Upon hire, the Executive Director/HWD or designee will provide education to new staff members on the Resident Monitoring System Use and Maintenance Policy.
- Executive Director/HWD or designee will provide all staff members re-education on the Resident Monitoring System Use and Maintenance Policy.
- Those staff who are not in attendance shall be provided with 1:1 education.

The program will monitor performance to ensure compliance as follows:

- Divisional Director of Operations or designee will audit branch records randomly when onsite to ensure compliance with the Resident Monitoring System Use and Maintenance Policy.

Date deficiencies corrected by: 6/20/24