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
	S0023	A. BUILDING: _____ B. WING _____	C 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE IOWA CITY	3500 LOWER W BRANCH RD IOWA CITY, IA 52245

(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: 7 Number of tenants with cognitive impairment: 22 Total census: 29 The following regulatory insufficiency was cited during the investigation of #119834-M.	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 ensure implementation of the established abuse and neglect policy regarding 1 of 1 tenants reviewed (Tenant #1). Finding follows: On 8/13/24 review of the program investigation regarding an allegation of abuse revealed a brief hand written note signed by the Executive Director (ED) as well as various staff statements about an incident that occurred on the evening of 3/27/24. Four staff witness statements, dated 3/28/24 and 3/29/24, indicated Staff A abused/mistreated Tenant #1 on the evening of 3/27/24. Staff A's written statement, dated 3/29/24, refuted the allegation. According to the	A 150	The Plan of correction is attached.	

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A 150	Continued From page 1 ED's note dated 3/29/24, the program suspended Staff A pending investigation results. Staff statements indicated the alleged abuse occurred on the evening of 3/27/24, but did not indicate any of the four staff witnesses reported the incident on 3/27/24. On 8/13/24 at 10:20 a.m. Staff B confirmed she witnessed the incident on the evening of 3/27/24, but did not immediately report it to management. Staff B acknowledged Staff A continued to work at the program on the evening and overnight shift after the incident, through the morning of 3/28/24. On 8/14/24 at 3:00 p.m. Staff C confirmed she witnessed the incident on the evening of 3/27/24, but did not immediately report it to management. Staff C acknowledged Staff A continued to work at the program on the evening and overnight shift after the incident, through the morning of 3/28/24. On 8/14/24 at 3:25 p.m. Staff D confirmed she witnessed the incident on the evening of 3/27/24, but did not immediately report it to management. Staff D acknowledged Staff A continued to work at the program on the evening and overnight shift after the incident, through the morning of 3/28/24. Review of the program's Abuse and Neglect Policy revealed any staff who had reasonable cause to believe a resident was abused should immediately report the information to the Director or Registered Nurse Coordinator. The policy further indicated an internal investigation would be completed and documented on an Investigation Report form. The policy noted the alleged victim and the alleged abuser would be kept separated until all investigations were completed.	A 150		

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A 150	Continued From page 2 On 8/14/24 at 4:35 p.m. the ED stated she recalled Staff E (no longer worked at the program) reported the allegation on the morning of 3/28/24. The ED verified the four staff who witnessed the incident (Staff B, Staff C, Staff D and Staff E) failed to immediately report the allegation of abuse, per program policy. The ED said the program suspended Staff A on 3/28/24 after learning of the incident. She confirmed the program should have completed an Investigation Form related to the allegation, but she was unable to locate it. The ED provided a blank Investigation Form, which would have provided additional information had it been completed.	A 150		

A150 481-67.2(3) Program Policies and Procedures – The program shall follow the policies and procedures established by the program

Regulatory Insufficiency: The program failed to ensure implementation of the established abuse and neglect policy regarding 1 of 1 tenants reviewed (Tenant #1)

Plan of Correction:

The insufficiency will be corrected as follows:

- Re-education of Abuse and Neglect policy and the individuals' responsibility of reporting per the policy.

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

- The Divisional Director of Operations or designee will review the Abuse and Neglect policy with all current and incoming staff members by October 31st, 2024. The Divisional Director of Operations will educate Executive Director (upon hire) and Health & Wellness Director the investigation process to ensure all documentation is filled out appropriately.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director or designee will verify by October 31st, 2024 that all education has been done by verifying signatures of all staff members on roster.

Date deficiencies corrected by: 10/31/2024