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 03/26/2025

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: 8 Number of tenants with cognitive impairment: 20 Total census: 28 No regulatory insufficiencies were cited during the investigation of Complaint #124099-C The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000	The Plan of Correction is attached.	
A 330	481-69.25(1)q Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to maintain documentation for 1 of 1 tenants reviewed who required task sheets (Tenant #3). Findings include:	A 330		

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

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A 330	Continued From page 1 1. On 3/26/25, a review of Tenant #3's record revealed a service plan dated 9/3/24. The service plan indicated staff provided daily assistance with dressing, grooming, dental care, and toileting. Tenant #3 also received bathing assistance provided by hospice care staff. 2. On 3/25/25, a sample of Tenant #3's task sheets for personal cares for the month of December 2024 was requested. On 3/25/25 at 1:30 pm, the Health and Wellness Director stated she could provide only 7 days worth of task sheets for Resident #3 as the Program destroyed task sheets after 7 days for all tenants. 3. On 3/26/25 at 1:15 pm, the Executive Director and the Health and Wellness Director confirmed the Program had kept only 7 days of task sheets for tenants and then destroyed them.	A 330		
A 420	481-69.27(1)a Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders	A 420		

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A 420	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to conduct nurse reviews every 90 days for 1 of 3 tenants reviewed who received personal or health-related cares (Tenants #1). Findings follow: On 3/25/25, a review of Tenant #1's record revealed a nurse review dated 11/24/24. Tenant #1's record contained no nurse review for the following quarter due in February 2025. On 3/26/25 at 1:15 pm, the Executive Director and the Health and Wellness Director confirmed the above finding.	A 420		

A330-481-69.25(1)q Tenant Documents

Regulatory insufficiency: The program failed to retain documentation of routine personal or health-related care for 1 resident who required individual task sheets.

Plan of Correction:

The insufficiencies will be corrected as follows:

· Tenant #3's individualized task sheet was uploaded into eHR.

· Individual task sheets were uploaded into eHR for the month of March.

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

· Divisional Director of Health and Wellness will review state regulation 69.25(1)q with Health and Wellness Director on 4/22/25.

· Health and Wellness Director will provide education to staff by 4/25/25 on individualized task sheets.

The program will monitor performance to ensure compliance as follows:

· Health and Wellness Director or designee will audit individualized task sheets weekly for completion x 90 days and as needed.

· Divisional Director of Health and Wellness or designee will monitor for presence of individualized task sheets in eHR during onsite visit twice yearly and as needed.

Date of deficiencies corrected by: 4/25/25

A 430 481-69.27(1)c Nurse Review

Regulatory Insufficiency:

Program failed to complete nurse reviews every 90 days for 1 resident.

Plan of Correction:

The insufficiencies will be corrected as follows:

The Health and Wellness Director will audit current resident charts to ensure a current Nurse Review is present by 4/25/25

The Divisional Director of Health and Wellness provided re-education to the Health and Wellness Director regarding required documentation for residents on 4/22/25.

The Health and Wellness Director is responsible for completing nurse reviews every 90 days.

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

The Divisional Director of Health and Wellness will audit resident charts for presence of current Nurse Review monthly.

Date insufficiencies corrected by: 4/25/25

✓ 7/27/25