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 10/22/2025

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 visit. Tenants without cognitive impairment: 13 Tenants with cognitive impairment: 13 Total census: 26 No regulatory insufficiencies were cited during the investigation of #130281-I. The following regulatory insufficiencies were cited during the investigations of #130427-C and #130388-I.	A 000	See attached POC 1/14/26	
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 established policy and procedures regarding sexual relationships between tenants with cognitive impairment for 1 of 1 sample tenant with a cognitive impairment and a possible sexual relationship (Tenant #2). Finding follows: Record review on 10/15/25 revealed an incident report (IR) dated 9/04/25, documented Tenant #2 and Tenant #6 were found naked in the shower together on 9/03/25 around 8:30 a.m. Record review revealed Tenant #2 moved to the program on 2/25/22. His Global Deterioration	A 150		

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A 150	Continued From page 1	A 150		

Scale (GDS) dated 4/10/25 noted a score of five, which indicated moderately severe cognitive decline. Tenant #2's current service plan, developed 5/05/25, noted a history of inappropriate sexual behavior and that he took a prescribed female hormone (to decrease his sex drive). No other information/intervention was provided regarding sexual behavior or whether he had the ability to consent to a sexual relationship. Tenant #6's GDS score did not indicate significant cognitive impairment.

During interview on 10/15/25 at 2:00 p.m. Staff A indicated Tenant #2 was sometimes sexually inappropriate by asking staff to put their hand down his pants, but he was generally easily redirected. During a follow-up interview, on 10/22/25 at 10:45 a.m. Staff A explained it was her understanding Tenant #2's family and the family of Tenant #6 were agreeable to the two tenants spending time together, but did not want them to engage in sexual activity. Staff A discussed both tenants had monitoring devices, which alerted staff if they entered each other's rooms. Staff should then make sure the door was open and check them occasionally.

During an interview on 10/15/25 at 3:55 p.m. Staff B reported she worked at the time of the incident on 9/04/254 when Tenant #2 and Tenant #6 were found naked in the shower together. Staff B indicated the two tenants liked each other and seemed to be romantically interested in each other. It was her understanding, staff should keep them out of each other's rooms. Staff were alerted by their monitoring devices if one of them went into the other person's room.

During an interview on 10/15/25 at 4:20 p.m., Staff C indicated Tenant #2 sometimes showed

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A 150	Continued From page 2	A 150		

sexual interest/behavior toward others, primarily toward Tenant #6. She pointed out Tenant #6 was allowed to go to Tenant #2's room, with the door open. However, Tenant #2 was not supposed to be in Tenant #6's room.

The Program policy Sexual Relationships, revised 3/25, defined cognitive impairment as having a GDS score of four or above. If a tenant with cognitive impairment was identified as engaging in a sexual relationship, the tenant would be evaluated by the Health and Wellness Director (HWD) or designee for capacity to consent to the relationship. The tenant's legal representative would be notified to be part of the decision making process. If the tenant was found not to have capacity to consent, the service plan would be updated to reflect interventions to prevent such encounters. The service plan would also be updated if the tenant was determined to have capacity to consent to a sexual relationship, to allow for privacy and identify things to watch for to ensure no negative outcomes. The evaluation should be maintained in the tenant's clinical record.

During an interview on 10/21/25 at 2:50 p.m. the Executive Director (ED) and HWD reported they didn't know of any evaluation done to assess Tenant #2's ability to consent to a sexual relationship. According to the ED, the previous HWD, who left at the end of May 2025, talked with both families about the relationship between Tenant #2 and Tenant #6. The family members indicated they were fine with Tenant #2 and Tenant #6 spending time together. The two tenants' monitoring devices alerted staff if they went into each others' rooms. They were each allowed to be in the other room, with the door open. The ED confirmed Tenant #2's service plan

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A 150	Continued From page 3 failed to contain information regarding interventions for inappropriate sexual behavior or capacity to consent to a sexual relationship.	A 150		
A 160	481-69.23(1)c(1) 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: c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to give notice of discharge for exceeding criteria for retention for 1 of 1 sample tenants with ongoing physically aggressive behaviors (Tenant #3). Finding follows: During an interview on 10/15/25 at 12:50 p.m. Staff E indicated it was difficult for staff to redirect or calm Tenant #3 when she became physically aggressive. During an interview on 10/15/25 at 2:00 p.m. Staff A reported Tenant #3 had frequent aggressive behavior, which was difficult to manage. During an interview on 10/15/25 at 3:55 p.m. Staff B indicated Tenant #3 was hard to manage when she became physically aggressive. Staff B described Tenant #3 as being out of control at	A 160		

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A 160	Continued From page 4	A 160		

times.

During an interview on 10/15/25 at 4:20 p.m. Staff C said Tenant #3 became physically aggressive, yelled and agitated other tenants. Staff C indicated Tenant #3's aggressive behaviors were sometimes unmanageable.

Record review revealed Tenant #3's occupancy date of 12/01/23. Her current service plan, dated 9/30/25, indicated a Global Deterioration Scale (GDS) score of six, which indicated severe cognitive decline. According to the service plan, Tenant #3 was verbally and physically disruptive. Physical disruption included pushing, biting, throwing and hitting. The intervention documented for the behavior issues directed to "provide enhanced interventions and care coordination to de-escalate negative behaviors", with no specific interventions listed.

Review of incident reports and progress notes for Tenant #3 revealed the following:
- 8/07/25: Hit another resident on the back.
- 8/21/25: Hit staff in the ribs with her cane.
- 8/22/25: Tried to bite another tenant.
- 8/23/25: Chased after staff, grabbed the staff person's wrist and hit staff with a toilet plunger.
- 8/28/25: Combative with overnight staff.
- 8/29/25: Grabbed a staff person's wrist and left marks.
- 9/04/25: Bit staff on lower arm.
- 9/10/25: Pulled her pants down in the middle of the hallway and threw a cup of water at another tenant.
- 9/10/25: "Beating on" staff multiple times.
- 9/10/25: Up all night, "in other residents' faces" and waking others up.
- 9/11/25: Threw water at staff. Staff gave PRN (as needed) medication for anxiety, which was

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A 160	Continued From page 5 not effective. - 9/15/25: Attempted to hit staff in the head with a large soup can. - 9/27/22: Combative with staff. Attempting to hit staff with her hands and hairbrush. - 9/30/25: Combative and aggressive with staff, hitting and cursing at them. - 10/02/25: Aggressive toward staff, including hitting, ramming her walker at staff and screaming. -10/10/25: Threw a shoe at another tenant and displayed threatening behavior toward the other tenant. - 10/13/25: Struck staff and made multiple verbal threats. - 10/16/25: Physically aggressive toward staff, including shoving, trying to hit and trying to stomp on staff feet. - 10/18/15: Verbally and physically aggressive toward staff, including punching a staff person in the stomach. During an interview on 10/21/25 at 3:00 p.m. the Health and Wellness Director (HWD) indicated Tenant #3 recently began hospice services due to overall decline. The HWD pointed out some of the tenant's aggressive behavior was likely related to chronic knee pain. They were working with the primary care provider to address the pain and behaviors. The Executive Director indicated Tenant #3's physical aggression was not new behavior, but said it might be worse recently. She confirmed the Program did not discuss a need for higher level of care with Tenant #3's family or given notice.	A 160		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or	A 430		

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A 430	Continued From page 6 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: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure adequate nursing assessment and documentation for 1 of 1 tenants with significant, ongoing pain (Tenant #1). Finding follows: During an interview on 10/15/25 at 1:50 p.m. Staff A reported Tenant #1 had several falls in August and September. Staff A worked first shift on 9/13/25 when Tenant #1 complained of pain in her leg. She complained of leg pain for two weeks. Tenant #1 yelled out in pain at times and needed one to two staff assistance with transfers and ambulation. She had previously been independent with transfers and mobility. Staff gave Tenant #1 PRN (as needed) Tylenol for her pain, but it was not helpful. Staff A told the Health and Wellness Director (HWD) about Tenant #1's pain and the need for stronger pain medication. The HWD thought the leg pain was likely due to edema/fluid in the legs. On 9/13/25, Tenant #1 was yelling out in pain and Tylenol was not effective. Staff D called Tenant #1's daughter, who asked for the tenant to be sent to the hospital emergency room (ER).	A 430		

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A 430	Continued From page 7 During an interview on 10/15/25 at 2:25 p.m. Staff D confirmed she worked the first shift on 9/13/25. Tenant #1 complained during the entire first shift her left upper leg hurt. Tenant #1 described her pain felt like someone was shooting her in the leg. Tenant #1 was previously independent with transfers and ambulation, but about two to four weeks prior to 9/13/25, she began to deteriorate physically and also developed edema. She needed assistance with transfers and began using a wheelchair. Tenant #1 fell multiple times, but did not fall on 9/13/25. She complained of leg pain for at least a couple of weeks prior to 9/13/25. Staff D indicated Tenant #1 complained more than usual on 9/13/25 about her leg pain. Staff A gave her Tylenol, which didn't help. Staff D called Tenant #1's daughter to notify her of the extreme pain. When Staff A returned to work the next day, she learned Tenant #2 went to the ER on 9/13/25 and was diagnosed with a left hip fracture. Record review on 10/20/25 revealed Tenant #1 had multiple falls and health issues in August and early September 2025. Tenant #1's diagnosis included dementia, with a Global Deterioration Scale (GDS) score of four, indicating moderate cognitive decline. Review of Tenant #1's progress notes, incident reports and primary care provider (PCP) notes revealed the following: - Incident reports indicated Tenant #1 found on floor after falls on 8/13/25, 8/24/25 and 8/28/25. No observed injuries. - 8/26/25: Tenant #1 was seen by primary care provider PCP for recent falls, edema and right lower leg cellulitis. PCP noted no injury from the falls. She increased the diuretic for the edema.	A 430		

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A 430	Continued From page 8 - 9/01/25: Staff noted Tenant #1 was unable to walk that morning. Sent to the ER, where she was diagnosed with pneumonia and swelling/edema in legs. She received intravenous (IV) Lasix for the edema and a prescription for an antibiotic for pneumonia. - 9/01/25: Incident report indicated Tenant #1 found on the floor in the evening. No observed injuries or complaints of pain. -9/02/25: Seen by PCP for follow-up regarding pneumonia and for edema. - 9/02/25: Incident report indicated fall to floor while walking in the afternoon. The post fall assessment indicated Tenant #1 was able to move all extremities. - 9/04/25: Progress note at 1:57 a.m. by staff indicated Tenant #1 was in a lot of pain, as indicated by screaming and crying all night. Staff gave PRN Tylenol. - 9/04/25: Seen by PCP for follow up regarding edema in legs. The PCP noted complaint of leg pain, but Tenant #1 was vague about it. - 9/04/25: Incident report indicated staff heard Tenant #1 yelling at approximately 3:00 p.m. They found her on the floor. The post fall assessment completed by staff indicated she was unable to move all extremities, but provided no additional information or assessment. - 9/05/25: Progress note by staff at 2:37 a.m. indicated Tenant #1 was in a lot of pain. Staff gave her Tylenol and ice packs, but she continued screaming. - 9/05/25: Progress note by staff at 6:00 a.m. indicated Tenant #1 screamed all night in pain. Tylenol was not effective for the pain. - 9/07/25: Progress note by staff at 7:02 a.m. indicated Tenant #1 screamed out for help. Staff assisted her to the bathroom. She complained of her left leg hurting. The medication aide noted the left leg was swollen.	A 430		

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A 430	Continued From page 9 - 9/09/25: Progress note by staff at 6:43 a.m. indicated Tenant #1 complained of left leg pain. Staff assisted her during the overnight shift with transfers and toileting. - 9/11/25: Progress note by staff at 5:01 a.m. indicated Tenant #1 complained of leg pain day and night, did not sleep on third shift, screamed and needed a stronger PRN pain medication. - 9/11/15: Seen by PCP for follow up for edema in legs and leg pain. Noted increased complaints of leg pain and refusing to walk. Tenant #1 reported the left leg being more painful than the right. The PCP noted a hard spot below the posterior knee and indicated concern for deep vein thrombosis (DVT). She ordered tests to check for a possible blood clot. - 9/12/25: IR by staff at 7:30 p.m. indicated Tenant #1 fell after trying to stand up. She said her left leg just didn't work. - 9/13/25: Progress note at 2:31 p.m. by Staff D indicated Tenant #1 was in a lot of pain and yelling out for help. She said it felt as though someone was shooting her in the leg. The med aide gave PRN pain medication but it was not effective. Staff D called Tenant #1's daughter to inform her. - 9/13/25: Progress note by staff at 10:15 p.m. indicated Tenant #1 went to the hospital by ambulance at 4:00 p.m. Her daughter called the Program later informed them the tenant had a fractured hip and would be admitted to the hospital. Review of progress notes and incident reports revealed no documentation by the HWD regarding nurse assessment after Tenant #1's falls on 9/01/25, 9/02/25 or 9/04/25. No nurse assessments or contact with PCP or family by the HWD was documented related to repeated staff entries regarding ongoing complaints of extreme	A 430		

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A 430	Continued From page 10 pain from 9/04/25 through 9/13/25. Review of physical therapy (PT) notes revealed Tenant #1 was seen for initial evaluation and treatment on 9/08/25 due to change in function regarding walking and transfers. Tenant #1 reported her left leg collapsed when she tried to stand up and she had intermittent pain. Tenant #1 said she didn't know what happened to her leg. PT note dated 9/11/25 indicated Tenant #1 reported continued pain in her left leg, which was very sore at left hip radiating down with leg movement. Pain level of a zero out of a 10 when at rest, but eight out of 10 with activity. Tenant #1 stated her left leg was worthless and she couldn't put weight on it. During an interview on 10/21/25 at 10:20 a.m. the PCP indicated she was aware Tenant #1's leg pain, but the pain didn't seem serious when the PCP saw the tenant. She didn't recall anyone telling her Tenant #1 was yelling/screaming in pain, with no relief from Tylenol. During an interview on 10/20/25 at 3:30 p.m. the HWD said she informed the PCP of Tenant #1's ongoing leg pain, but had no documentation of this. The HWD confirmed the discovery of the left hip fracture on 9/13/25 and the lack of documentation of nursing assessments or of communication with the PCP regarding the ongoing complaints of significant pain in Tenant #1's left leg.	A 430		

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 follow established policy and procedures regarding sexual relationships between tenants with cognitive impairment for 1 of 1 tenant. (Tenant #2)

Plan of Correction:

The insufficiency will be corrected as follows:

- Tenant #2's medical record was updated by HWD on 12/29/25.
- DDHW audited charts of other residents with known relationships on 10/21/25 to ensure policy regarding sexual relationships between tenants with cognitive impairment is followed.

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

- The Divisional Director of Health and Wellness or designee reviewed the Sexual Relationships policy with the HWD and ED on 10/21/25. BFM's were educated by the ED on 10/23/25.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Health and Wellness or designee will monitor compliance with Sexual Relationships policy during routine visits for 3 months by observing resident interactions and reviewing medical records of cognitively impaired residents in relationships.

Date deficiencies corrected by: 1/14/26

481-69(1)c(1) Criteria for Admission/Retention of Tenants

Regulatory Insufficiency: The program failed to give notice of discharge for exceeding criteria for retention for 1 of 1 tenant with ongoing physically aggressive behaviors. (Tenant #3)

Plan of Correction:

The insufficiency will be corrected as follows:

- Care conference was held on 12/22/25 with the family of Tenant #3, HWD, ED and hospice providers to discuss plan of care, level of care and to develop a discharge plan should intervention implemented do not improve tenant's physically aggressive behaviors. Tenant #3's medical record and service plan was updated by HWD on 12/29/25.

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

- DDHW provided education on Criteria for admission/retention of tenants to the HWD and ED on 10/21/25. ED provided education to staff on aggressive behaviors, how to de-escalate behaviors and documentation on 12/18/25.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Health and Wellness or designee will monitor compliance with the regulation for Criteria for admission/retention of tenants during routine visits and on IDT calls for 3 months.

Date deficiencies corrected by: 1/14/26

481-69.27(1)c Nurse Review

Regulatory Insufficiency: Program failed to ensure adequate nursing assessment for 1 of 1 tenants with significant ongoing pain. (Tenant #1)

Plan of Correction:

The insufficiency will be corrected as follows:

- Tenant #1 no longer resides at the program.

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

- DDHW provided education on assessment and documentation in the medical record of residents experiencing condition changes to the HWD on 10/21/25. HWD is currently taking the IHCA AL Regulatory course.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Health and Wellness or designee will monitor compliance with the regulation for Nurse Review during routine visits for 3 months. This will be done by reviewing documentation and ensuring follow-up is done as needed.

Date deficiencies corrected by: 1/14/26