DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0028	A. BUILDING: _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE CEDAR FALLS	5101 UNIVERSITY CEDAR FALLS, IA 50613

(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 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 disorder: 21 Number of tenants with cognitive disorder: 8 TOTAL Census of Assisted Living Program: 29 The following regulatory insufficiencies were cited during the Investigation of Incident #114573-I.	A 000	See Attached POC 12/22/23	
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide appropriate training to staff regarding door alarms. This pertained to 3 of 3 staff reviewed (Staff A, Staff B, and Staff C). Finding follows: Record review of Tenant #1's file on 8/2/23 revealed the following: An Unusual Occurrence Report dated 7/28/23 revealed Tenant #1 eloped from the Program. Staff A informed Staff B Tenant #1 got out of the the building and the Police Department arrived on scene. The officer informed the staff Tenant #1 was in the back with another officer and they	A 525		

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

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walked out to meet them. Staff B asked Tenant #1 if she was hurt or in pain and she answered no and they returned to the building. They called emergency services and they evaluated Tenant #1 and noted no injuries.

According to the State Climatologist the weather in Cedar Falls on 7/28/23 at 8:00 p.m. was 75 degrees Fahrenheit with relative humidity of 84%. The conditions were fair with no precipitation and the winds were out of the east/northeast at seven miles per hour (mph).

Tenant #1's Global Deterioration Scale noted a score of five (5) and indicated moderately severe cognitive decline. Her Service Plan dated 5/19/23 revealed she wore a Wanderguard, required at least three safety checks on the overnight shift, frequent checks throughout the day, and she was not safe to be left alone outside for any amount of time. Further review of the Service Plan indicated she eloped 6/22/22 and noted a history of exit seeking.

Review of the Event Report for the front door revealed on 7/28/23 at 8:10 p.m. the lock egress started and the door opened after 20 seconds and allowed Tenant #1 to elope. At 8:14 p.m. Staff A reset the alarm and failed to initiate the procedure for unwitnessed door alarm. At 8:56 p.m. Tenant #1 returned to the building with staff.

The Program's policy and procedure for Unwitnessed Door Alarms included when a door alarm occurs and no staff witnessed the event, they must immediately check their pages to the type of alarm that occurred (general door alarm or HomeFree Watch). Staff must perform a visual search of the inside and outside surrounding the door and if they found no resident they were to

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summon additional staff for assistance. If the HomeFree Watch caused the alarm, they were to notify staff of the specific resident to search for. The door alarm would be silenced only after all employees on duty were aware of the unwitnessed door alarm and initiate the Missing Resident Procedure if appropriate.

No training on door alarms to identify the type of alarm and what it meant could be located for Staff A.

On 8/2/23 at 2:50 p.m. Staff A stated he observed Tenant #1 walking in the hallways as he went to assist another tenant get ready for bed. He said he laid down his pager and did not have it with him at that time. The weather radio was going off due to severe weather in the area. After he exited the apartment he went to the office and saw on the computer the door was alarming and silenced the alarm with his fob. Staff A answered a phone call from a neighbor who inquired if Tenant #1 lived at the program and Staff A said yes. The neighbor said Tenant #4 knocked on her door and was with him and he already called 911. Staff A left to find Staff B and told her about the phone call and Staff B took over from there. He said the alarm was not for a Wanderguard so he did not think a tenant had exited the building and might have been a false alarm due to the weather. Staff A stated he never received training on what to do when the door alarms went off. He confirmed he received additional training after the elopement and knew what to do next time.

On 8/2/23 at 2:22 p.m. Staff B stated the evening of 7/28/23 was busy, as it was stormy and several call lights went off at the same time due to tenants wanting to go to bed. She remembered seeing Tenant #1 as she went to assist another

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tenant approximately 15 minutes prior to the elopement. Staff B confirmed she left her pager in the office because she planned to be gone only a few minutes. The time turned into a lot longer and she did not know the door alarm sounded. She said after she left the other tenant, Staff A approached her and stated dispatch called and Tenant #1 was with the police. At this time, another officer arrived at the Program and Staff A left with them. They walked to Tenant #1 approximately 50 yards from the Program to the neighbor that called them. Staff B noticed Tenant #1's pants were wet, she wore shoes and a shirt appropriate for the weather. She asked Tenant #1 if she was hurt and she answered no. Emergency medical services (EMS) arrived on scene and completed an assessment and noted no visible injuries.

On 8/2/23 at 1:51 p.m. Staff C stated she had her pager in her pocket but did not hear it as she assisted a tenant in the bathroom. She said she walked with Staff B to Tenant #1 after the police arrived and she was at a duplex building a short distance behind the Program.

On 8/2/23 at 3:09 p.m. the Director stated Staff A participated in a drill for door alarms on 5/30/23 but was not sure if any specific training about door alarms had been completed with him. She stated there were enough pagers for all staff to have one, and they sign out for them at the start of their shift.

Plan of Correction
Bickford of Cedar Falls

481-69.23(3) Staffing

Regulatory Insufficiency: The program failed to provide appropriate training to staff regarding door alarms. This pertained to 3 of 3 staff reviewed (Staff A, Staff B, and Staff C)

Plan of Correction:

The insufficiencies will be corrected as follows:

- Staff A and Staff C received door alarm/elopement training on 8/2/23.
- Staff B is no longer employed by program

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

- Divisional Director of Operations to provide education to Executive Director on Door Alarm policy on 12/20/23.
- Executive Director to complete missing resident and unwitnessed door alarm report training including expectation that pagers be always worn while on duty on 12/20/23. Those not in attendance shall receive 1:1 education.
- Executive Director will be responsible for completing the unwitnessed door alarm/elopement training (including expectation that staff always carry pagers on person while on duty) upon hire and quarterly thereafter with documentation maintained to verify training.

The program will monitor to ensure compliance as follows:

- Divisional Director of Operations will audit records quarterly on missing resident and unwitnessed door alarm report for completion during onsite visits and as needed.

Date deficiencies to be corrected by: 12/22/23.