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
	S0028	A. BUILDING: _____ B. WING _____	C 12/10/2024

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 for People with Dementia are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 20 Number of tenants with cognitive disorder: 7 Total census: 27 The following regulatory insufficiencies were cited during the investigation of Complaints #121851-C, #125106-C, Incident #124948-I and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia:	A 000	The Plan of Correction is attached.	
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 its policy and procedure related to the completion of incident reports. This pertained 4 of 7 current tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1. Review of the Program's policy and procedure for Incident and Accidents indicated incidents and accidents would be reported and documented immediately after they occurred. It included falls and elopements. Vital signs would be taken and documented in the electronic health record.	A 150		

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A 150	Continued From page 1 2. When interviewed on 11/14/24 at 3:05 p.m. Staff B said incident reports were not completed with each fall. She said Staff A told her about a fall at shift change and said she would complete the incident report for Tenant #4 the next day. It happened about a month ago. When interviewed on 11/18/24 at 1:24 p.m. Staff D said over the weekend Tenant #3 was found on the floor and an incident report was not completed and vital signs were not taken. 3. Review of Tenant #1's incident reports on 11/13/24 indicated he had a fall on 9/7/24 at 10:15 p.m. The incident report stated staff heard him yelling and observed him on the floor in a fetal position. He was tangled in his comforter and soaked in urine. When staff attempted to assist him up, he yelled at staff to stop and clutched his chest. He would not open his eyes and complained of back and knee pain. There were no vitals signs recorded in the health record related to the fall. 4. Review of Tenant #2's incident reports on 11/13/24 indicated on 9/12/24 at 3:04 p.m. staff found Tenant #2 laying in the middle of his chair with his head laying where his buttocks should be. Staff assisted him to reposition correctly in the chair. There were no vitals signs related to the fall recorded in the health record. 5. Review of Tenant #3's incident reports on 11/13/24 and 11/18/24 indicated on 10/4/24 at 7:15 p.m. Tenant #3 was laying on his back on the floor outside of the whirlpool room. His walker was in front of the whirlpool room by the toilet. On 11/17/24 at 6:15 a.m. it indicated staff could not open the door all of the way and found him laying on the floor with a blanket and pillow.	A 150		

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A 150	Continued From page 2 There were no vitals signs recorded in the health record related to these falls. 6. Review of Tenant #4's incident reports on 11/13/24 indicated on 10/15/24 at 11:33 a.m. Tenant #4 got up on his own and fell over. Staff found him laying on right side. Staff helped him up and checked his vitals which were good. He had a skin tear on the right side of his arm. On 10/15/24 at 6:45 p.m. staff was alerted Tenant #4 was on the floor at the entrance to the dining room on his left side. On 11/11/24 at 1:30 p.m. it was noted Tenant #4 was found the employee parking lot in a staff's car with his laundry basket. He was brought back into the building. No vital signs related to these incidents were recorded in the health record. 7. When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director confirmed all incident reports were provided for the tenants reviewed.	A 150		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a background check prior to hire date. This pertained to 1 of 9 current	A 400		

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A 400	Continued From page 3 staff reviewed hired in 2024 (Staff X). Findings follow: 1. Record review of Staff X's file on 12/5/24 revealed a hire date of 3/4/24. A Single Contact License & Background Check document was completed dated 3/5/24. It indicated further research was required for the criminal history background check and no records were found for the abuse registries background check. The background check, including for the abuse registry, was not completed prior to hire for Staff X. 2. When interviewed on 12/10/24 at 2:51 p.m. the Executive Director confirmed all background checks were provided for the staff reviewed.	A 400		
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure evaluations were completed prior to hire by the Department of Health and Human Services for 4 of 5 staff reviewed whose background checks revealed criminal histories (Staff A, D, X and Z). Findings follow: 1. Review of Staff A's file on 11/13/24 revealed a hire date of 8/19/24. A Single Contact License &	A 435		

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A 435	Continued From page 4 Background Check document was completed dated 7/29/24. It indicated further research was required for the criminal history background check. The Iowa Criminal History Record Check Request SING form S indicated an Iowa Criminal History Record was found. An evaluation of the criminal history record was not completed prior to hire or at the time of the review on 11/13/24. 2. Review of Staff D's file on 11/13/24 revealed a hire date of 7/8/24. A Single Contact License & Background Check document was completed dated 7/5/24. It indicated further research was required for the criminal history background check. The Iowa Criminal History Record Check Request form S indicated a record was found. An evaluation of the criminal history record was not completed prior to hire or at the time of the review on 11/13/24. 3. Review of Staff X's file on 12/5/24 revealed a hire date of 3/4/24. A Single Contact License & Background Check document was completed dated 3/5/24. It indicated further research was required for the criminal history background check. The Iowa Criminal History Record Check Request form S indicated a record was found. An evaluation was completed and an approval notice was received on 3/11/24 that indicated Staff could work at the program; however, it was after Staff X's hire date. 4. Review of Staff Z's file on 12/5/24 revealed a hire date of 2/19/24. A Single Contact License & Background Check document was completed dated 2/10/24. It indicated further research was required for the criminal history background check. An evaluation was completed and an approval notice was received on 2/28/24 that indicated Staff could work at the program;	A 435		

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A 435	Continued From page 5 however, it was after Staff Z's hire date. 5. When interviewed on 12/10/24 at 2:51 p.m. the Executive Director confirmed all background checks were provided for the staff reviewed.	A 435		
A 460	491-67.19(9)a,b Record Checks 67.19(9) Employee notification of criminal convictions or founded abuse after employment. If a person employed by an employer that is subject to this rule is convicted of a crime or has a record of founded child or dependent adult abuse entered in the abuse registry after the person's employment application date, the person shall inform the employer of such information within 48 hours of the criminal conviction or entry of the record of founded child or dependent adult abuse. a The employer shall act to verify the information within seven calendar days of notification. " Verify, " for purposes of this subrule, means to access the single contact repository (SING) to perform a background check, to request a criminal background check from the department of public safety, to request an abuse record check from the department of human services, to conduct an online search through the Iowa Courts Online Web site, or to contact the county clerk of court office and obtain a copy of relevant court documents. b. If the information is verified, the program shall follow the requirements of paragraphs 67.19(3)"c" and "d." This REQUIREMENT is not met as evidenced	A 460		

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A 460	Continued From page 6 by: Based on interview and record review the Program failed to verify a criminal conviction as required after a current staff had been convicted of a crime. This pertained to 1 of 1 current staff reviewed with a criminal conviction post application date (Staff Y). Findings follow: 1. Review of Staff Y's file revealed a hire date of 6/5/23. A background check was completed dated 5/23/23 and revealed no records were found for the criminal history background check or abuse registries background checks. Continued review revealed a document provided by the Program from the clerk of the district court indicating a criminal charge from 8/18/24. According to the Iowa Courts Online Web site, the case was created 8/18/24 with a disposition date of 11/15/24. Adjudication was guilty-negotiated/voluntary plea. There was no indication the Program verified this information by completing criminal and abuse background checks as required. 2. When interviewed on 12/10/24 at 2:51 p.m. the Executive Director confirmed all background checks were provided for the staff reviewed.	A 460		
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program,	A 135		

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A 135	Continued From page 7 including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete health evaluations prior to taking occupancy and failed to complete a scored objective tool for the cognition evaluation. This pertained to 2 of 2 current tenants reviewed admitted in 2024 (Tenant #1 and Tenant #4) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: 1. On 11/14/24 and 11/18/24 review of Tenant #1's file revealed Tenant #1 was admitted on 8/8/24. A Resident Assessment (functional evaluation) and Global Deterioration Scale (cognitive evaluation) were completed dated 8/8/24; however, a health evaluation was not completed prior to taking occupancy. Additionally, a scored object tool was not completed for the cognitive evaluation. 2. On 11/20/24 review of Tenant #4's file revealed Tenant #4 was admitted on 6/24/24. A Resident Assessment (functional evaluation) and Mini-Mental State Examination (cognitive evaluation) were completed dated 6/24/24; however, a health evaluation was not completed prior to taking occupancy.	A 135		

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A 135	Continued From page 8 3. On 11/14/24 review of Tenant C1's file revealed Tenant C1 was admitted on 5/6/24. A Resident Assessment (functional evaluation) and Mini-Mental State Examination (cognitive evaluation) were completed dated 5/3/24; however, a health evaluation was not completed prior to taking occupancy. 4. When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director confirmed all evaluations were provided for the tenants reviewed.	A 135		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete health evaluations within 30 days of taking occupancy. This pertained to 2 of 2 current tenants reviewed admitted in 2024 (Tenant #1 and Tenant #4) and 2 of 2 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow: 1. On 11/14/24 and 11/18/24 review of Tenant #1's file revealed Tenant #1 was admitted on 8/8/24. A Resident Assessment (functional evaluation) was completed on 8/30/24 and 9/4/24	A 140		

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A 140	Continued From page 9 and a Global Deterioration Scale (cognitive evaluation) was completed on 8/30/24; however, a health evaluation was not completed within 30 days of taking occupancy. 2. On 11/20/24 review of Tenant #4's file revealed Tenant #4 was admitted on 6/24/24. A Resident Assessment (functional evaluation) and Mini-Mental State Examination (cognitive evaluation) were completed dated 7/25/24; however, a health evaluation was not completed within 30 days of taking occupancy. 3. On 11/14/24 review of Tenant C1's file revealed Tenant C1 was admitted on 5/6/24. A Resident Assessment (functional evaluation) and Global Deterioration Scale (cognitive evaluation) were completed on 5/28/24; however, a health evaluation was not completed within 30 days of taking occupancy. 4. On 11/18/24 of Tenant C2's file revealed Tenant C2 was admitted on 6/14/24. A Resident Assessment (functional evaluation) and Mini-Mental State Examination (cognitive evaluation) were completed on 7/15/24; however, a health evaluation was not completed within 30 days of taking occupancy. 5. When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director confirmed all evaluations were provided for the tenants reviewed.	A 140		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed	A 145		

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A 145	Continued From page 10 with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 6 of 7 current tenants reviewed (Tenants #1, #2, #3, #4, #6 and #7) and 2 of 2 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow: 1. Review of Tenant #1's file on 11/14/24 and 11/18/24 revealed Progress Notes indicating the following: - On 8/9/24 Tenant #1 got out of the front door and was redirected back into the building. - On 8/12/24 Tenant #1 complained of chest pain. Tenant #1's vital signs included a blood pressure of 169/83. - On 8/13/24 Tenant #1 said he wanted to go home, did not want to be there anymore and had been looking at all the doors. - On 8/21/24 Tenant #1 was witnessed holding his chest and leaning over a chair then he started to walk and stumble to his knees. He said his heart was pounding up and down. Two staff	A 145		

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A 145	Continued From page 11	A 145		

caught him and softened the fall. His blood pressure was high.
- On 8/31/24 Tenant #1's family reported he was having a crying spell when they visited. The family seemed very worried about the incidents and asked to speak with leadership staff.
- On 8/31/24 Tenant #1 was very anxious and got worked up when another tenant stood up to him. He was getting in staff faces. Another tenant's family was trying to leave and he tried to go out of the door so staff stood in front of the front door so he could not leave. He grabbed staff's arm and tried to put it behind staff's back.
- On 10/8/24 Tenant #1 pulled down his pants and attempted to use the bathroom in the common area. Staff directed him to his apartment to his bathroom.
- On 10/22/24 Tenant #1 came out of his apartment and was up for most of the night. He was distraught but not able to tell staff why. He started screaming at another tenant.
- On 10/11/24 Tenant #1 was in another tenant's apartment and staff heard a slap. The other tenant was holding her face and crying.
- On 10/27/24 during a church service Tenant #1 and another male tenant had an altercation or disagreement and Tenant #1 was kicked in the lower abdomen by the other tenant.
- On 11/5/24 staff walked the hallway and observed Tenant #1 urinating on the floor in the hallway. He was redirected to his bathroom.

Continued record review revealed Tenant #1's most recent evaluations were completed on 9/4/24 (functional evaluation) and 8/30/24 (cognitive evaluation). Evaluations were not completed as needed with changes in condition related to chest pain, exit seeking, behaviors towards other tenants and urinating in places other than his bathroom.

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A 145	Continued From page 12 2. Review of Tenant #2's file on 11/18/24 revealed Progress Notes indicating the following: - On 8/31/24 Tenant #2 could not transfer with the assistance of two staff tonight. With three staff it took over 15 minutes and many attempts to get him to stand up. He was "almost total dead weight" and complained of of his knee pain. - On 9/1/24 Tenant #2 was a difficult two person assist with transfers tonight with the gait belt on. Tenant #2 kept saying that his knee was going to give out. Tenant #2 did not help at all with the transfer. It was also noted Tenant #2 had not been wanting to stand and it was taking three people to get him up and dressed. - On 9/2/24 Tenant #2 was a difficult two person assist with transfers. When changing for bed it took three staff. - On 9/3/24 it took three staff that morning to get Tenant #2 up and out of his chair and changed. - On 11/15/24 Tenant #2 was discussed during a higher path meeting regarding transfer concerns. Therapy continued to work with him and identified concerns for safety of staff and Tenant #2. Therapy indicated transfers were worse when his knee was hurting him. His right knee was bone on bone. It was requested by corporate staff that staff exhaust all options to keep Tenant #2 in the building per his and family wishes before discussions of transfer to a higher level of care. There were discussions with Tenant #2's family. - On 11/19/24 a discussion was held with Tenant #2's primary care provider (PCP) regarding transfers. If family chose they could have an order for hospice evaluation and treat. Family wished to continue with therapy for now. Further record review revealed Tenant #2's most recent evaluations were dated 8/1/24 and a health evaluation was not completed when the	A 145		

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evaluations were updated. Evaluations were not completed with Tenant #2's increased needs for transfers.

3. Review of Tenant #3's file on 11/18/14 revealed Progress Notes indicated the following:
- On 8/16/24 Tenant #3 had a 0.5 centimeter (cm) x 1 cm slit between his buttocks that was open.
- On 8/30/24 it was noted the area (noted above) was healed.
- On 9/27/24 Tenant #3's spouse noticed he had sore buttocks and wanted staff to keep an eye on it.
- On 10/3/24 it was noted the area to Tenant #3's buttocks had reopened. Calmoseptine treatment was already in place.
- On 10/24/24 it was noted the area (noted above) was healed.

Continued record review revealed Tenant #3's functional and cognitive evaluations were last completed on 6/14/24. Evaluations were not completed as needed related to Tenant #3's skin issues.

4. On 11/19/24 review of Tenant #4's file revealed a change of condition evaluation was completed on 10/24/24 related to his admission to hospice. Functional and cognitive evaluations were completed; however, a health evaluation was not completed with significant change.

Continued record review revealed an incident report dated 11/11/24 in Progress Notes indicating Tenant #4 was found in the employee/visitor parking lot inside a staff's car. His wheelchair and laundry basket were found next to the car. Tenant #4 was brought back into the building. He had no injuries. Hospice, the

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primary care provider (PCP) and family were notified. A wander alert bracelet was changed at that time. Tenant #4 said he was trying to go home.

Further record review revealed evaluations were updated on 11/15/24 post elopement; however, were not updated until four days after the elopement.

Tenant #4's Progress Notes indicated the following:
- On 11/16/24 Tenant #4 kicked other tenants' wheelchairs and nearly knocked a wheelchair over with a tenant in it. Tenant #4 had received PRN (as needed) medication and hospice was called as he still had behaviors. Tenant #4 threatened staff, tried to kick staff, and touched staff inappropriately.
- On 11/21/24 Tenant #4 kicked another tenant's wheelchair and when staff intervened he tried to kick staff. When he was pushed back to the nurse's station a family member was walking by and he stuck his foot out to try to trip her. He also tried to put his hand up staff's shirt and made sexually inappropriate comments to staff.
- On 11/22/24 Tenant #4 came out of his apartment at 4:00 a.m. without pants on and had a blanket on his head.
- On 11/23/24 Tenant #4 was "very sexual touchy towards workers, very naughty talking." He wandered into other tenants' apartments when doors were open or unlocked.
- On 11/26/24 Tenant #4 kept grabbing another tenant's wheelchair and pushed away his food. He went into other tenant's apartments and pushed the housekeeping cart into staff's ankles. He also grabbed a staff's members chest.
- On 11/26/24 Tenant #4 was "a little handsy" when staff toileted him.

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- On 11/27/24 Tenant #4 was "a little touchy on staff private area" when they assisted him to the restroom.
- On 11/27/24 Tenant #4 was reaching at staff body parts that morning and grabbed his spouse's chest.
- On 11/28/24 Tenant #4 tried to touch staff inappropriately.
- On 11/28/24 Tenant #4 tried to hit staff twice in the face.

Further record review revealed Tenant #4's evaluations were dated 11/15/24 (4 days after his elopement). Evaluations were not completed as needed related to Tenant #4's behaviors as noted above in the progress notes.

5. Review of Tenant #6's file on 12/5/24 revealed Progress Notes indicated the following:
- On 11/8/24 Tenant #6 returned from an aortic valve replacement. His blood glucose level had been high and new orders were received for insulin and oral medications. Tenant #6 had complained of penile discharge and an antibiotic had been ordered.
- On 11/13/24 it was noted Tenant #6 was not acting like himself. He stayed in bed most of the day and was not eating his meals. His blood glucose was 549. His PCP team was notified and an order was received to give an additional 6 units with his scheduled 5 units. Staff checked his blood glucose an hour later and it was higher. Staff notified the PCP team and an order was received to give 5 units again. An hour and half later his blood glucose was 437.
- On 11/14/24 a doctor at the hospital called and reported Tenant #6's sodium was very high and suggested that Tenant #6 go to the hospital.
- On 11/14/24 Tenant #6 was admitted to the hospital for a urinary tract infection (UTI). His labs

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were elevated and he had green puss noted from the foreskin of his penis that was being cultured.
- On 11/19/24 Tenant #6 returned from the hospital and was on an antibiotic for a UTI.
- On 11/25/24 Tenant #6 was in bed all day. He ate breakfast and went back to bed. He came down for lunch then went back to his apartment and stayed.
- On 11/25/24 staff checked on Tenant #6 and his bathroom toilet and shower chair were covered in bowel movement (BM), his bedding was covered in BM and there was a brief full of BM in the garbage. Staff cleaned up his apartment, changed his bedding, and perineal cares were completed. Tenant #6 was back resting in bed.
- On 11/26/24 Tenant #6 needed assistance that morning with his activities of daily living (ADLs), getting washed up and changed into new clothes for the day. He came out for breakfast and ate and came out for lunch but did not eat anything.
- On 11/26/24 new orders were received including for blood glucose parameters.
- On 11/26/24 Tenant #6 had a big coughing spell when he took his evening medications.
- On 11/27/24 it was noted Tenant #6 had been having a lot of bowel incontinence. He declined to come out for supper and was taken a room tray.
- On 11/28/24 it was noted Tenant #6 had been having a lot of bowel incontinence. He had been in bed a lot and his blood glucose levels fluctuated. Staff cleaned Tenant #6 up before lunch as he had BM all over his clothes. He could not walk to lunch by himself as he stumbled.
- On 11/29/24 Tenant #6 coughed on his morning medications whole in applesauce and then started to vomit. Staff reached out to the PCP for orders to crush medications, inquired about a mechanical soft diet and parameters on when to hold insulin. Orders were received to

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hold short acting insulin when he ate less than 50% of his meal, mechanical soft diet was okay until he was seen by speech therapy and medications could be crushed.
- On 11/29/24 Tenant #6 choked on this evening medications and vomited a few times right after. Staff was instructed to send Tenant #6 to the emergency department (ED). When emergency medical technicians (EMTs) arrived he refused to go.
- On 11/29/24 Tenant #6 talked with staff and he agreed to be to sent to the ED.
- On 11/29/24 Tenant #6 returned from the ED with no new orders and a diagnosis of diarrhea.
- On 12/1/24 staff checked on him at 12:30 a.m. and he was incontinent of bowels. His bathroom was cleaned, the sheets were changed and Tenant #6 received a shower.
- On 12/3/24 Tenant #6 needed assistance getting dressed that morning. He also needed more assistance with getting to meals.
- On 12/3/24 Tenant #6 needed assistance with toileting throughout the night. Staff went in at 6:45 a.m. and Tenant #6 was in the bathroom. Staff noted blood in his brief.
- On 12/4/24 Tenant #6 was found by staff on the floor beside his bed. He had diarrhea all over his pants, buttocks and bedding.
- On 12/6/24 Tenant #6's primary care provider team was notified about things going on with him. He needed two people to get him in the shower. He did not want to get up for breakfast and could not sit up on his own.
- On 12/6/24 Tenant #6 was admitted to the hospital for weakness, transient ischemic attack and acquired kidney infection.

Tenant #6's November 2024 Medication Administration Records (MARs) reflected Tenant #6's blood glucose levels fluctuated with a low

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reading of 29 on 11/29/24 and a high reading of 541 on 11/23/24.

Further record review revealed Tenant #6's evaluations were most recently completed on 11/20/24. Evaluations were not completed as needed related to Tenant #6's frequent bowel incontinence, penile discharge and treatment, fluctuating blood glucose levels and parameters for blood glucose and insulin, increased assistance with ADLs, staying in bed, decreased appetite, coughing when taking medications and the order for crushed medications, and the order for a mechanical soft diet.

6. Review of Tenant #7's file on 12/9/24 revealed Progress Notes indicating the following:
- On 10/8/24 when assisting Tenant #7 staff noted redness in his groin area and "oozing of fluid on both sides and under his abdomen."
- On 10/9/24 it was noted there was a treatment in place related to the redness.
- On 11/17/24 Tenant #7's groin area was very red. Staff cleansed the areas, let them dry and applied powder.

Continued record review revealed a PCP provider progress note indicated on 9/3/24 it was noted Tenant #7 made a comment about being more depressed and he had thoughts of harming himself. He stated if he had a gun he would think about harming himself. The PCP reached out to the tenant's psych provider who would follow up with Tenant #7. It was noted Tenant #7 did not have access to a gun and the plan was not feasible. The PCP spoke with the nurse and she would monitor Tenant #7 closely.

Continued record review revealed a functional evaluation was completed dated 6/17/24. No

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change of condition evaluations were completed regarding the skin issues as noted in the progress notes or the plan for self harm voiced to the PCP in September.

7. Review of Tenant C1's file on 11/14/24 revealed Tenant C1 was discharged on 7/9/24 (deceased). Progress Notes indicated the following:
- On 6/6/24 it was noted Tenant C1 had a fungal infection under her bilateral knees and a new order was received for Nystatin.
- On 6/8/24 the area (noted above) was resolved.
- On 6/10/24 there was 3 x 3 cm red area to the top of Tenant C1's left foot. A new order was received for Betadine swab and Band-Aid daily.
- On 6/24/24 it was noted it was very deep red around her perineal area with light flaky skin.
- On 6/30/24 Tenant C1's perineal area was very red during the shift. Pillows were placed under her hips to try to keep pressure off of her buttocks. Hospice would provide a low air loss mattress.
- On 7/1/24 a new order was received for an antibiotic for a UTI.
- On 7/4/24 Tenant C1 continued to sleep more and had behaviors towards staff including scratching, yelling and hitting. She continued to have loose stools.
- On 7/6/24 Tenant C1 stayed in bed all shift and complained of pain all over.
- On 7/8/24 Tenant C1 spit out her medications.
- On 7/9/24 Tenant C1 would not respond to staff and would only open her eyes a little bit. Staff called hospice and hospice said to hold all morning medications and leave her in bed. Tenant C1 needed to be repositioned every two hours. Hospice would bring mouth swabs tomorrow to help add moisture to Tenant C1's

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A 145	Continued From page 20 mouth. Evaluations were not completed as needed with changes in Tenant C1's skin as noted above, a UTI with treatment, and end of life cares as noted above. 8. Review of Tenant C2's file on 11/18/24 revealed Progress Notes indicating the following: - On 8/21/24 Tenant C2 complained of pain in her vagina. When she was put to bed she said it felt like something ripped open. Staff checked and it looked like "white, milky puss was being secreted." - On 8/23/24 Tenant C2 was started on an antibiotic for a UTI. - On 8/23/24 it was noted there appeared to be a cyst area that was opened and bleeding. The PCP was made aware. - On 8/23/24 the PCP saw Tenant C2 on rounds yesterday and the frequency of the treatment was increased. - On 8/24/24 Tenant C2's vaginal area was bleeding. Tenant C2 said that she was uncomfortable. - On 8/24/24 Tenant C2's cyst continued to drain. Tenant C2 was on an antibiotic for a UTI and it might prevent infection to cyst as it drained. - On 8/26/24 the PCP was there and was aware of the draining cyst. - On 8/28/24 a new order was received for Preparation H to hemorrhoids twice daily. - On 8/29/24 a new order was received for Nystatin swish and spit three times per day for 7 days for thrush. - On 9/22/24 Tenant C2 complained that when she was going to stand up it felt like her perineal area was going to rip. She was given an as needed medication. It appeared she had "some sort of puss leaking from her peri cares."	A 145		

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A 145	Continued From page 21 - On 9/25/24 new orders were received for Imodium and Trimethoprim for loose stools and conjunctivitis. - On 9/29/24 Tenant C2 complained of stomach pain and pain in her groin. - On 10/5/24 Tenant C2's blood glucose levels indicated high. It was checked twice and 7 units of insulin was administered. - On 10/7/24 Tenant C2's blood glucose levels indicated high and a verbal order was given to administer 20 units of humalog and recheck her blood glucose levels. At 4:44 p.m. the glucometer still indicated high. Staff called the PCP and a verbal order was given to give 20 units of Humalog and recheck in one hour. At 5:40 p.m. the glucometer indicated 585 and a verbal order was given to administer 30 units of humalog and 10 units of Lantus after eating. - On 10/9/24 staff assisted Tenant C2 with a whirlpool and she had a lot of "greenish cream color" coming out of her vagina. It was noted she had sores there and was bleeding. The PCP wanted to get a hat and collect urine. - On 10/10/24 Tenant C2 was admitted to the hospital due to sepsis related to an infection in her groin. - On 10/24/24 Tenant C2 returned to the building on hospice. She would be bed bound and need the assistance of two with transfers. She arrived with a stage 2 pressure ulcer to her coccyx and hospice had an ordered treatment. - On 10/31/24 new orders were received to discontinue medications and insulin and start more comfort medications as needed. It was noted Tenant C2 was actively dying. She was not able to swallow and had phlegm and salvia coming out of her mouth. - On 11/2/24 it was noted Tenant C2 died. Evaluations were not completed as needed with	A 145		

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A 145	Continued From page 22 various changes in Tenant C2's skin in her perineal area, complaints of pain, thrush and treatment, UTI and treatment, loose stools and conjunctivitis and treatment and high blood glucose readings. Functional and cognitive evaluations were completed post hospitalization for sepsis related to a groin infection; however, a health evaluation was not completed. 9. When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director confirmed all evaluations were provided for the tenants reviewed.	A 145		
A 155	481-69.23(1)b 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: b. Requires routine, two-person assistance with standing, transfer or evacuation This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to discharge a tenant who required the routine assistance of two people for transfers. This pertained to 1 of 7 current tenants reviewed (Tenant #2). Findings follow: 1. When interviewed on 11/18/24 Staff A said Tenant #2 took the routine assistance of two staff for transfers. Generally, it took one staff to help with transfers in the bathroom. From the chair to the wheelchair it took two, and occasionally three, staff to help the tenant transfer.	A 155		

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A 155	Continued From page 23 When interviewed on 11/14/24 at 3:05 p.m. Staff B said she believed Tenant #2 required a higher level of care. She said he needed the assistance of 1 to 2 staff for transfers. From his wheelchair to the toilet he typically only needed one staff to help. She said he had been working with physical therapy (PT) on and off since June. On 12/9/24 at approximately 1:25 p.m. Staff C said she always needed the assistance of another staff when she transferred Tenant #2 and it usually took about 15 minutes. She said he was not weight bearing. When interviewed on 11/18/24 at 1:24 p.m. Staff D said Tenant #2 should be at a higher level of care. She said it took three to four staff to transfer him. He required the assistance of two staff 80% of the time. He was able to transfer with the assistance of one from the wheelchair to the toilet. From the wheelchair to his recliner it took two people and from the lift recliner to the wheelchair it took three staff. When interviewed on 12/10/24 at 10:45 a.m. Staff Fé said Tenant #2 did not help with transfers. It took two, and at times three, staff to transfer Tenant #2. He was non-weight bearing. 2. Review of Tenant #2's file on 11/18/24 revealed Progress Notes indicating the following: - On 8/31/24 Tenant #2 could not transfer with the assistance of two staff tonight. With three staff it took over 15 minutes and many attempts to get him to stand up. He was "almost total dead weight" and complained of his knee pain. - On 9/1/24 Tenant #2 was a difficult two person assist with transfers tonight with the gait belt on. Tenant #2 kept saying that his knee was going to	A 155		

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give out. He did not help at all with the transfer. It was also noted Tenant #2 had not been wanting to stand and was taking three people to get him up and dressed.
- On 9/2/24 it was noted Tenant #2 was a difficult two person assist with transfers. When changing for bed it took three staff.
- On 9/3/24 it took three staff that morning to get Tenant #2 up and out of his chair and changed.
- On 11/15/24 Tenant #2 was discussed during a higher path meeting regarding transfer concerns. Therapy continued to work with him and identified concerns for safety of staff and Tenant #2. Therapy indicated transfers were worse when his knee was hurting him. His right knee was bone on bone. It was requested by corporate staff that staff exhaust all options to keep Tenant #2 in the building per his and family wishes before discussions of transfer to a higher level of care. There were discussions with Tenant #2's family.
- On 11/19/24 a discussion was held with Tenant #2's PCP regarding transfers. If family chose they could have an order for hospice evaluation. Family wished to continue with therapy for new.

3. Continued record revealed therapy documents indicating the following:
- A Therapy Evaluation Request dated 7/10/24 to evaluate and treat due to difficulty with sit to stand transfers requiring more than one person assist.
- A PT Recertification document dated 10/9/24 indicated Tenant #2 transferred from the wheelchair to the recliner. He required two to three people to assist when pivoting due to right knee pain and hesitation in putting weight on right lower extremity (LE). He completed a sit to and from staff transfer from the wheelchair and required maximum assist of three to stand from wheelchair to walker.

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A 155	Continued From page 25 - A PT Treatment Encounter note dated 10/24/24 indicated from the wheelchair to the recliner chair he required minimum assistance of two people to transfer using a walker with max verbal cueing to keep turning and which foot to move in order. Tenant #2's right knee buckled and he required two persons for safety. From the wheelchair to the toilet it was noted he did not fully turn and required a max assist of one person and a minimum assist of another person to turn him in order to reach the toilet. Tenant #2 completed sit to stand transfers from a wheelchair and required maximum physical assistance and verbal instruction. He required minimum assistance of one person and moderate assistance of another or moderate assistance of two people, depending on how much he helped. - A PT Encounter note dated 10/29/24 indicated from the wheelchair to the toilet he required at least minimum assistance of two people when pivoting for safety. He did not pivot completely and wanted to sit down midway through the transfers due to the right knee pain. From the wheelchair to recliner chair he required minimum to moderate assistance of two to pivot due to wanting to sit down early. - A PT Encounter note dated 10/29/24 indicated transfers from the wheelchair to toilet and toilet to wheelchair required minimum assistance of two to complete the task due to Tenant #2 taking extra time to pivot and was not able to square himself in front of the chair or wheelchair. Weight bearing was limited on the right lower extremity due to knee pain and wanting to sit halfway through the turn. - An Occupational Therapy (OT) Discharge report dated 11/6/24 indicated he demonstrated poor standing activity tolerance of 10 seconds when participating in a functional transfer. He	A 155		

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A 155	Continued From page 26	A 155		

required maximum assistance of two people with max verbal cues for standing. It indicated recommendations for a higher level of care as he consistently required the assistance of two people for all transfers and minimal to no progress was noted since services were started.

- A PT Treatment Encounter note dated 11/7/24 indicated he required the moderate assistance of two staff to pivot transfer from the wheelchair to the toilet.

- A PT Treatment Encounter note dated 11/14/24 indicated therapy and the nurse attempted to assist Tenant #2 to stand but he was not able to stand. It was discussed to change the grab bar from a diagonal position to a horizontal position. Tenant #2 transferred from the wheelchair to the toilet and required moderate physical assistance and verbal instruction. He required extra time to turn as he was hesitant to put weight on the right LE due to pain. Therapy or staff had to provide minimum assist in turning the pelvis to guide him to the toilet or wheelchair. Therapy was planning on discharging Tenant #2 once the grab bar position had been changed and was working better to assist Tenant #2 and staff.

4. Tenant #2's service plan reflected he used a walker and one staff for transfers. At times he required the assistance of two staff for transfers but it was less than 50% of the time.

5. When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director said Tenant #2 had been on the higher path calls with corporate staff. During these calls it has been expressed to exhaust all resources, including therapy and pain management. His room was rearranged and assist bars were installed. Tenant #2's family expressed they wanted Tenant #2 to stay. She said there was going to be a care conference with

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A 155	Continued From page 27 family to discuss either hospice and application for the waiver or a 30 day notice for transfer. She confirmed he was exceeding the level of care.	A 155		
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 document routine cares on task sheets for those required to have task records. This pertained to current 4 of 4 current tenants reviewed who had task sheets (Tenants #2, #3, #4, #7) and 1 of 1 discharged tenants reviewed (Tenant C1). Findings follow: 1. When interviewed on 11/18/24 Staff A some tenants did not receive toileting cares as scheduled. She said two weeks ago two tenants were soaked (incontinent of urine). They were not changed and their beds were soaked. She said one tenant slept on her couch after she was changed as she did not have any linens clean. She said last month Tenant #4 was soaked while at the table. When interviewed on 11/14/24 at 3:05 p.m. Staff	A 330		

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A 330	Continued From page 28 B said there were issues with first shift staff regarding toileting cares being completed. She said staff reported an issue with Tenant C2 on second shift and said she was soaked when second shift came on. 2. On 11/18/24 review of Tenant #2's file revealed task sheet records for August, September and October 2024. For August 2024 there were omissions for a.m. cares, p.m. cares, toileting, hygiene and grooming, bathing, escorts/mobility and night checks. In September 2024 there were omissions for a.m. cares, p.m. cares, toileting, hygiene and grooming, bathing and escorts/mobility. For October 2024 there were omissions for a.m. cares, toileting, hygiene and grooming, bathing, escorts/mobility and night checks. 3. Review of Tenant #3's file on 11/19/24 revealed task sheet records for August, September and October 2024. For August 2024 there were omissions for a.m. cares, p.m. cares, toileting, hygiene and grooming, bathing, escorts/mobility and night checks. In September 2024 there were omissions for a.m. cares, p.m. cares, toileting, hygiene and grooming, bathing and escorts/mobility. For October 2024 there were omissions for a.m. cares, toileting, hygiene and grooming, bathing, escorts/mobility and night checks. 4. Review of Tenant #4's file on 11/20/24 revealed task sheet records for October (started 10/10/24) and November 2024. In October 2024 there were omissions for a.m. cares, toileting, hygiene and grooming, escorts and mobility and night checks. For November from 11/1/24 to 11/18/24 (when collected) there were omissions for a.m. cares, toileting, hygiene and grooming, escorts and	A 330		

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A 330	Continued From page 29 mobility. 5. On 12/9/24 review of Tenant #7's file revealed task sheet records for August, September, October and November 2024. There were omisions for a.m. cares, p.m. cares, hygiene and grooming, bathing, escorts and mobility and night checks for all months. 6. On 11/13/24 review of Tenant C1's file revealed task sheet records for June and July 2024. For June 2024 there were omissions for a.m. cares, p.m. cares, hygiene and grooming, bathing, escorts and mobility and night checks. For July 2024 there were omissions for p.m. cares, toileting and bathing. 7. When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director confirmed all task sheets were provided for the tenants reviewed.	A 330		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 350		

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A 350	Continued From page 30 Program failed to update service plans as needed, and/or failed to ensure service plans were based on required evaluations. This pertained to 7 of 7 current tenants reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: 1. Review of Tenant #1's file on 11/14/24 and 11/18/24 revealed Progress Notes indicating the following: - On 8/9/24 Tenant #1 got out of the front door and was redirected back into the building. - On 8/12/24 Tenant #1 complained of chest pain. Tenant #1's vital signs included a blood pressure of 169/83. - On 8/13/24 Tenant #1 said he wanted to go home, did not want to be there anymore and had been looking at all the doors. - On 8/21/24 Tenant #1 was witnessed holding his chest and leaning over a chair then he started to walk and stumble to his knees. He said his heart was pounding up and down. Two staff caught him and softened the fall. His blood pressure was high. - On 8/31/24 Tenant #1's family reported he was having a crying spell when they visited. The family seemed very worried about the incidents and asked to speak with leadership staff. - On 8/31/24 Tenant #1 was very anxious and got worked up when another tenant stood up to him. He was getting in staff faces. Another tenant's family was trying to leave and he tried to go out of the door so staff stood in front of the front door so he could not leave. He grabbed staff's arm and tried to put it behind staff's back. - On 10/8/24 Tenant #1 pulled down his pants and attempted to use the bathroom in the common area. Staff directed him to his apartment to his bathroom.	A 350		

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- On 10/22/24 Tenant #1 came out of his apartment and was up for most of the night. He was distraught but not able to tell staff why. He started screaming at another tenant.
- On 10/11/24 Tenant #1 was in another tenant's apartment and staff heard a slap. The other tenant was holding her face and crying.
- On 10/27/24 during a church service Tenant #1 and another male tenant had an altercation or disagreement and Tenant #1 was kicked in the lower abdomen by the other tenant.
- On 11/5/24 staff walked the hallway and observed Tenant #1 urinating on the floor in the hallway. He was redirected to his bathroom.

Tenant #1's most recent service plan was dated 8/30/24. The service plan was not updated as needed to reflect chest pain and behaviors as noted above.

2. When interviewed on 11/18/24 Staff A said Tenant #2 required the routine assistance of two staff for transfers. Generally, it took one staff to help with transfers in the bathroom. From the chair to the wheelchair it took two, and occasionally three, staff to help the tenant transfer.

When interviewed on 11/14/24 at 3:05 p.m. Staff B said she believed Tenant #2 required a higher level of care. She said he needed the assistance of 1 to 2 staff for transfers. From his wheelchair to the toilet he typically only needed one staff to help. She said he had been working with physical therapy (PT) on and off since June.

On 12/9/24 at approximately 1:25 p.m. Staff C said she always needed the assistance of another staff when she transferred Tenant #2 and it usually took about 15 minutes. She said he was

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A 350	Continued From page 32 not weight bearing. When interviewed on 11/18/24 at 1:24 p.m. Staff D said Tenant #2 should be at a higher level of care. She said it took three to four staff to transfer him. He required the assistance of two staff 80% of the time. He was able to transfer with the assistance of one from the wheelchair to the toilet. From the wheelchair to his recliner it took two people and from the lift recliner to the wheelchair it took three staff. When interviewed on 12/10/24 at 10:45 a.m. Staff F said Tenant #2 did not help with transfers. It took two, and at times three, staff to transfer Tenant #2. He was non-weight bearing. Review of Tenant #2's file on 11/18/24 revealed Progress Notes indicating the following: - On 8/31/24 Tenant #2 could not transfer with the assistance of two staff tonight. With three staff it took over 15 minutes and many attempts to get him to stand up. He was "almost total dead weight" and complained of his knee pain. - On 9/1/24 Tenant #2 was a difficult two person assist with transfers tonight with the gait belt on. Tenant #2 kept saying that his knee was going to give out. He did not help at all with the transfer. It was also noted Tenant #2 had not been wanting to stand and was taking three people to get him up and dressed. - On 9/2/24 it was noted Tenant #2 was a difficult two person assist with transfers. When changing for bed it took three staff. - On 9/3/24 it took three staff that morning to get Tenant #2 up and out of his chair and changed. - On 11/15/24 Tenant #2 was discussed during a higher path meeting regarding transfer concerns. Therapy continued to work with him and identified concerns for safety of staff and Tenant #2.	A 350		

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Therapy indicated transfers were worse when his knee was hurting him. His right knee was bone on bone. It was requested by corporate staff that staff exhaust all options to keep Tenant #2 in the building per his and family wishes before discussions of transfer to a higher level of care. There were discussions with Tenant #2's family.
- On 11/19/24 a discussion was held with Tenant #2's PCP regarding transfers. If family chose they could have an order for hospice evaluation. Family wished to continue with therapy for new.

Continued record revealed therapy documents indicating the following:
- A Therapy Evaluation Request dated 7/10/24 to evaluate and treat due to difficulty with sit to stand transfers requiring more than one person assist.
- A PT Recertification document dated 10/9/24 indicated Tenant #2 transferred from the wheelchair to the recliner. He required two to three people to assist when pivoting due to right knee pain and hesitation in putting weight on right lower extremity (LE). He completed a sit to and from staff transfer from the wheelchair and required maximum assist of three to stand from wheelchair to walker.
- A PT Treatment Encounter note dated 10/24/24 indicated from the wheelchair to the recliner chair he required minimum assistance of two people to transfer using a walker with max verbal cueing to keep turning and which foot to move in order. Tenant #2's right knee buckled and he required two persons for safety. From the wheelchair to the toilet it was noted he did not fully turn and required a max assist of one person and a minimum assist of another person to turn him in order to reach the toilet. Tenant #2 completed sit to stand transfers from a wheelchair and required maximum physical

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assistance and verbal instruction. He required minimum assistance of one person and moderate assistance of another or moderate assistance of two people, depending on how much he helped.

- A PT Encounter note dated 10/29/24 indicated from the wheelchair to the toilet he required at least minimum assistance of two people when pivoting for safety. He did not pivot completely and wanted to sit down midway through the transfers due to the right knee pain. From the wheelchair to recliner chair he required minimum to moderate assistance of two to pivot due to wanting to sit down early.
- A PT Encounter note dated 10/29/24 indicated transfers from the wheelchair to toilet and toilet to wheelchair required minimum assistance of two to complete the task due to Tenant #2 taking extra time to pivot and was not able to square himself in front of the chair or wheelchair. Weight bearing was limited on the right lower extremity due to knee pain and wanting to sit halfway through the turn.
- An Occupational Therapy (OT) Discharge report dated 11/6/24 indicated he demonstrated poor standing activity tolerance of 10 seconds when participating in a functional transfer. He required maximum assistance of two people with max verbal cues for standing. It indicated recommendations for a higher level of care as he consistently required the assistance of two people for all transfers and minimal to no progress was noted since services were started.
- A PT Treatment Encounter note dated 11/7/24 indicated he required the moderate assistance of two staff to pivot transfer from the wheelchair to the toilet.
- A PT Treatment Encounter note dated 11/14/24 indicated therapy and the nurse attempted to assist Tenant #2 to stand but he was not able to stand. It was discussed to change the grab bar

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from a diagonal position to a horizontal position. Tenant #2 transferred from the wheelchair to the toilet and required moderate physical assistance and verbal instruction. He required extra time to turn as he was hesitant to put weight on the right LE due to pain. Therapy or staff had to provide minimum assist in turning the pelvis to guide him to the toilet or wheelchair. Therapy was planning on discharging Tenant #2 once the grab bar position had been changed and was working better to assist Tenant #2 and staff.

Tenant #2's current service plan was dated 8/1/24. The service plan indicated he required the assistance of two staff less than 50% of the time. The service plan was not updated as needed and did not reflect Tenant #2's needs regarding transfers or PT and OT services.

3. Review of Tenant #3's file on 11/18/14 revealed Progress Notes indicated the following:
- On 8/16/24 Tenant #3 had a 0.5 centimeter (cm) x 1 cm slit between his buttocks that was open.
- On 8/30/24 it was noted the area (noted above) was healed.
- On 9/27/24 Tenant #3's spouse noticed he had sore buttocks and wanted staff to keep an eye on it.
- On 10/3/24 it was noted the area to Tenant #3's buttocks had reopened. Calmoseptine treatment was already in place.
- On 10/24/24 it was noted the area (noted above) was healed.
- On 11/6/24 Tenant #3 came out of his apartment at 1:30 a.m. walked around and tried to find a restroom. Staff tried to redirect him to his bathroom and he became aggressive and grabbed staff's arm and said he wanted to punch staff in the jaw.

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A 350	Continued From page 36 Tenant #3's current service plan was dated 6/14/24. The service plan was not updated as needed related to his skin issues. 4. On 11/19/24 review of Tenant #4's file revealed an incident report dated 11/11/24 in Progress Notes indicating Tenant #4 was found in the employee/visitor parking lot inside a staff's car. His wheelchair and laundry basket were found next to the car. Tenant #4 was brought back into the building. He had no injuries. Hospice, the primary care provider (PCP) and family were notified. A wander alert bracelet was changed at that time. Tenant #4 said he was trying to go home. The tenant's service plan was updated on 11/15/24, however, it was not updated until four days after the elopement. Tenant #4's Progress Notes indicated the following: - On 11/16/24 Tenant #4 kicked other tenants' wheelchairs and nearly knocked a wheelchair over with a tenant in it. Tenant #4 had received PRN (as needed) medication and hospice was called as he still had behaviors. Tenant #4 threatened staff, tried to kick staff, and touched staff inappropriately. - On 11/21/24 Tenant #4 kicked another tenant's wheelchair and when staff intervened he tried to kick staff. When he was pushed back to the nurse's station a family member was walking by and he stuck his foot out to try to trip her. He also tried to put his hand up staff's shirt and made sexually inappropriate comments to staff. - On 11/22/24 Tenant #4 came out of his apartment at 4:00 a.m. without pants on and had a blanket on his head.	A 350		

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- On 11/23/24 Tenant #4 was "very sexual touchy towards workers, very naughty talking." He wandered into other tenants' apartments when doors were open or unlocked.
- On 11/26/24 Tenant #4 kept grabbing another tenant's wheelchair and pushed away his food. He went into other tenant's apartments and pushed the housekeeping cart into staff's ankles. He also grabbed a staff's members chest.
- On 11/26/24 Tenant #4 was "a little handsy" when staff toileted him.
- On 11/27/24 Tenant #4 was "a little touchy on staff private area" when they assisted him to the restroom.
- On 11/27/24 Tenant #4 was reaching at staff body parts that morning and grabbed his spouse's chest.
- On 11/28/24 Tenant #4 tried to touch staff inappropriately.
- On 11/28/24 Tenant #4 tried to hit staff twice in the face.

The tenant's current service plan last revised on 11/15/24 was not updated related to Tenant #4's behaviors noted above and interventions.

5. Review of Tenant #5's file on 12/5/24 revealed a diagnosis of a stage 3 pressure injury to the right buttock.

Progress Notes indicated the following:
- On 11/4/24 Tenant #5's right buttock had an open sore where old scar tissue used to be that measured 1 cm x 0.5 cm. Tenant #5 had a cream that her family made for her that was put on after her shower.
- On 11/15/24 it was noted there were no changes to the area. The PCP was there yesterday and clarified orders to assist with the application of triple paste at night and the cream

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supplied by family.
- On 11/19/24 Tenant #5 was seen by the PCP team wound nurse and a new order was received to discontinue all treatments and start Dimethicone barrier cream three times per day and as needed. It was noted the air cushion was preferred over the foam donut and to encourage Tenant #5 to lay down.
- On 12/5/24 it was noted there was no change in size to the area. It was raised, dry flaky and white in color. Tenant #5 was at times non-compliant with allowing staff to apply creams.

Tenant #5's service plan dated 11/6/24 indicated she managed her medications independently. Her family filled medication planners and she took her meds daily independently. The service plan indicated she had a history of skin breakdown to her buttocks. Treatments were in place and often applied by staff. The service plan was not updated to reflect the additional interventions ordered regarding the air cushion and to encourage Tenant #5 to lay down. It also did not specify treatments completed by staff and Tenant #5's non-compliance with allowing staff to apply the treatments.

6. Review of Tenant #6's file on 12/5/24 revealed Progress Notes indicated the following:
- On 11/8/24 Tenant #6 returned from an aortic valve replacement. His blood glucose level had been high and new orders were received for insulin and oral medications. Tenant #6 had complained of penile discharge and an antibiotic had been ordered.
- On 11/13/24 it was noted Tenant #6 was not acting like himself. He stayed in bed most of the day and was not eating his meals. His blood glucose was 549. His PCP team was notified and an order was received to give an additional 6

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units with his scheduled 5 units. Staff checked his blood glucose an hour later and it was higher. Staff notified the PCP team and an order was received to give 5 units again. An hour and half later his blood glucose was 437.

- On 11/14/24 a doctor at the hospital called and reported Tenant #6's sodium was very high and suggested that Tenant #6 go to the hospital.
- On 11/14/24 Tenant #6 was admitted to the hospital for a urinary tract infection (UTI). His labs were elevated and he had green puss noted from the foreskin of his penis that was being cultured.
- On 11/19/24 Tenant #6 returned from the hospital and was on an antibiotic for a UTI.
- On 11/25/24 Tenant #6 was in bed all day. He ate breakfast and went back to bed. He came down for lunch then went back to his apartment and stayed.
- On 11/25/24 staff checked on Tenant #6 and his bathroom toilet and shower chair were covered in bowel movement (BM), his bedding was covered in BM and there was a brief full of BM in the garbage. Staff cleaned up his apartment, changed his bedding, and perineal cares were completed. Tenant #6 was back resting in bed.
- On 11/26/24 Tenant #6 needed assistance that morning with his activities of daily living (ADLs), getting washed up and changed into new clothes for the day. He came out for breakfast and ate and came out for lunch but did not eat anything.
- On 11/26/24 new orders were received including for blood glucose parameters.
- On 11/26/24 Tenant #6 had a big coughing spell when he took his evening medications.
- On 11/27/24 it was noted Tenant #6 had been having a lot of bowel incontinence. He declined to come out for supper and was taken a room tray.
- On 11/28/24 it was noted Tenant #6 had been having a lot of bowel incontinence. He had been

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in bed a lot and his blood glucose levels fluctuated. Staff cleaned Tenant #6 up before lunch as he had BM all over his clothes. He could not walk to lunch by himself as he stumbled.

- On 11/29/24 Tenant #6 coughed on his morning medications whole in applesauce and then started to vomit. Staff reached out to the PCP for orders to crush medications, inquired about a mechanical soft diet and parameters on when to hold insulin. Orders were received to hold short acting insulin when he ate less than 50% of his meal, mechanical soft diet was okay until he was seen by speech therapy and medications could be crushed.
- On 11/29/24 Tenant #6 choked on this evening medications and vomited a few times right after. Staff was instructed to send Tenant #6 to the emergency department (ED). When emergency medical technicians (EMTs) arrived he refused to go.
- On 11/29/24 Tenant #6 talked with staff and he agreed to be to sent to the ED.
- On 11/29/24 Tenant #6 returned from the ED with no new orders and a diagnosis of diarrhea.
- On 12/1/24 staff checked on him at 12:30 a.m. and he was incontinent of bowels. His bathroom was cleaned, the sheets were changed and Tenant #6 received a shower.
- On 12/3/24 Tenant #6 needed assistance getting dressed that morning. He also needed more assistance with getting to meals.
- On 12/3/24 Tenant #6 needed assistance with toileting throughout the night. Staff went in at 6:45 a.m. and Tenant #6 was in the bathroom. Staff noted blood in his brief.
- On 12/4/24 Tenant #6 was found by staff on the floor beside his bed. He had diarrhea all over his pants, buttocks and bedding.
- On 12/6/24 Tenant #6's primary care provider team was notified about things going on with him.

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He needed two people to get him in the shower. He did not want to get up for breakfast and could not sit up on his own.
- On 12/6/24 Tenant #6 was admitted to the hospital for weakness, transient ischemic attack and acquired kidney infection.

Tenant #6's November 2024 Medication Administration Records (MARs) reflected Tenant #6's blood glucose levels fluctuated with a low reading of 29 on 11/29/24 and a high reading of 541 on 11/23/24.

Tenant #6's service plan dated 11/20/24 did not reflect frequent bowel incontinence, penile discharge and treatment, fluctuating blood glucose levels and parameters for blood glucose and insulin, increased assistance with ADLs, staying in bed, decreased appetite, coughing when taking medications and the orders for crushed medications and a mechanical soft diet.

7. Review of Tenant #7's file on 12/9/24 revealed Progress Notes indicating the following:
- On 10/8/24 when assisting Tenant #7 staff noted redness in his groin area and "oozing of fluid on both sides and under his abdomen."
- On 10/9/24 it was noted there was a treatment in place related to the redness.
- On 11/17/24 Tenant #7's groin area was very red. Staff cleansed the areas, let them dry and applied powder.

Continued record review revealed a PCP provider progress note indicated on 9/3/24 indicating Tenant #7 made a comment about being more depressed and having thoughts of harming himself. He stated if he had a gun he would think about harming himself. The PCP reached out to the tenant's psych provider who would follow up

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with Tenant #7. It was noted Tenant #7 did not have access to a gun and the plan was not feasible. The PCP spoke with the nurse and she would monitor Tenant #7 closely.

Tenant #7's current service plan was dated 3/25/24. The service plan was not based on evaluations; as evaluations had not been completed prior to the development of the plan. The service dated 3/25/24 reflected Tenant #7 had a history of suicidal ideation and indicated previously he would harm himself with his call light. The call light was removed and the tenant was given a pendant to use. The service plan was not updated as needed with Tenant #7's plan for self-harm voiced to the PCP and with skin issues as noted above.

8. Review of Tenant C1's file on 11/14/24 revealed Tenant C1 was discharged on 7/9/24 (deceased). Progress Notes indicated the following:
- On 6/6/24 it was noted Tenant C1 had a fungal infection under her bilateral knees and a new order was received for Nystatin.
- On 6/8/24 the area (noted above) was resolved.
- On 6/10/24 there was 3 x 3 cm red area to the top of Tenant C1's left foot. A new order was received for Betadine swab and Band-Aid daily.
- On 6/24/24 it was noted it was very deep red around her perineal area with light flaky skin.
- On 6/30/24 Tenant C1's perineal area was very red during the shift. Pillows were placed under her hips to try to keep pressure off of her buttocks. Hospice would provide a low air loss mattress.
- On 7/1/24 a new order was received for an antibiotic for a UTI.
- On 7/4/24 Tenant C1 continued to sleep more

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A 350	Continued From page 43 and had behaviors towards staff including scratching, yelling and hitting. She continued to have loose stools. - On 7/6/24 Tenant C1 stayed in bed all shift and complained of pain all over. - On 7/8/24 Tenant C1 spit out her medications. - On 7/9/24 Tenant C1 would not respond to staff and would only open her eyes a little bit. Staff called hospice and hospice said to hold all morning medications and leave her in bed. Tenant C1 needed to be repositioned every two hours. Hospice would bring mouth swabs tomorrow to help add moisture to Tenant C1's mouth. Tenant C1's last service plan dated was 5/28/24. The service plan was not updated as needed with changes with Tenant C1's skin as noted above, a UTI with treatment, sleeping more, and end of life cares. 9. When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director said all service plans were provided for the tenants reviewed.	A 350		
A 430	481-69.27(1)c 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: 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	A 430		

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A 430	Continued From page 44 in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews every 90 days. This pertained to 6 of 7 current tenants reviewed (Tenants #2, #3, #4, #5, #6 and #7). Findings follow: 1. Review of Tenant #2's file on 11/18/24 revealed Tenant #2 received personal or health-related care. A Resident Assessment (functional evaluation) and Global Deterioration Scale (cognitive evaluation) were dated 8/1/24. There were no 90 day nurse reviews provided related to Tenant #2. 2. Review of Tenant #3's file on 11/18/24 revealed Tenant #3 received personal or health-related care. A Resident Assessment (functional evaluation) and Global Deterioration Scale (cognitive evaluation) were dated 6/14/24 and 5/28/24. There were no 90 day nurse reviews provided related to Tenant #3. 3. Review of Tenant #4's file on 11/19/24 revealed Tenant #4 received personal or health-related care. Tenant #4 had functional and cognitive evaluations completed on 6/24/24, 7/25/24 and 10/24/24. Functional, health and cognitive evaluations were completed on 11/15/24. A 90 day nurse review was due in October 2024. Functional and cognitive evaluations were completed; however, a health evaluation was not completed. A 90 day nurse review was not completed. 4. Review of Tenant #5's file on 12/5/24 revealed Tenant #5 received personal or health-related	A 430		

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A 430	Continued From page 45 care. The most recent nurse review document was dated 2/8/24. A Progress Note dated 11/6/24 indicated it was an 180 day review. There were no 90 day reviews provided that were completed between 2/8/24 and 11/6/24. 5. Review of Tenant #6's file on 12/9/24 revealed Tenant #6 received personal or health-related care. There was a nurse review documented in Progress Notes dated 6/7/24. The next health evaluation documented was 11/20/24. Evaluations were completed in September 2024; however, lacked an health evaluation. Nurse reviews were not completed every 90 days. 6. Review of Tenant #7's file on 12/9/24 revealed Tenant #7 received personal or health-related care. Progress notes indicated 90 day nurse reviews were completed on 3/7/24 and 11/10/24. The nurse reviews documented addressed his evacuation status out of the building and that he was not to be left unattended. Nurse reviews were not documented every 90 days and the nurse reviews documented did not assess and document the health status of the tenant. 7. When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director confirmed all nurse reviews were provided for the tenants reviewed.	A 430		
A 460	481-69.28(4) Food Service 69.28(4) Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by the Iowa Dietetic Association shall be available and used in the	A 460		

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planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for food preparation and service for therapeutic diets.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to have a licensed dietitian review the menu as well as procedures for food preparation and service for 2 of 2 tenants reviewed receiving therapeutic diets therapeutic diets (Tenant #5 and Tenant #6). Findings follow:

1. On 12/5/24 review of Tenant #5's file revealed her service plan indicted she had received a mechanical soft to pureed diet as ordered by her primary care provider (PCP) and her per her preference. She liked a variety of pureed, soft and "mashable foods." She had multiple teeth missing and it was hard for her to chew. She preferred to eat as much as she could that was not pureed. Meats were usually ground with a sauce or gravy. She preferred that if her vegetables were not "mashable" that they were pureed.

Continued review revealed a Physician's Orders dated 2/7/22 for a regular/pureed diet per her preference.

2. Review of Tenant #6's file on 12/5/24 and 12/9/24 revealed PCP notes indicated a voicemail was received from the Program dated 11/29/24 regarding Tenant #6 not eating very well and fluctuating blood sugars. It was reported he had difficulty swallowing his medications. An order

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was requested to crush medications and for a mechanical soft diet. It was reported he was given a mechanical soft diet for breakfast and it went well. Orders were received to crush medications, speech therapy (ST) to evaluate and treat, a mechanical soft diet until evaluated by ST.

3. On 12/10/24 review of a Menus Diet Extensions document provided a list of diets including mechanical soft and pureed. The menu was not signed by a dietician; however, the weekly menus (general) were signed by a registered dietician dated 10/14/24. There was no document provided related to the dietary staff and training food preparation and techniques for therapeutic diets by a dietician.

4. When interviewed on 12/10/24 at 9:47 a.m. the Bread Basket Manager (Dietary Director) said there was one tenant with a mechanical soft diet, one tenant with small portions and one tenant (Tenant #5) who, at times, preferred pureed foods. There was one tenant who had trouble swallowing and one of the medication passers told him the previous week about the diet. He and one other cooked prepared the foods. He did not believe a dietician had been out to review the food preparation techniques related to the diets. He said a dietician had been out in September and would be back in February. He had worked at a hospital before and he had sheet (that was provided) related to diets and how to prepare them. The other cook had Servsafe training but also did not have training by a dietician related to the diets and how to prepare the foods.

When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director confirmed Tenant #6 had a mechanical soft diet. She said one staff

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A 460	Continued From page 48 had sent her a picture of a BLT sandwich that he was served which was not prepared per the mechanical soft diet. He did not eat it but had picked it a part. She said Tenant #5 was very particular and would tell staff if she wanted something ground or pureed. She confirmed there had not been a dietician involved with the therapeutic diets. When interviewed on 12/10/24 at 12:58 p.m. the Executive Director said Tenant #5 had preferences regarding her diet. Tenant #6 had an order for a mechanical soft diet. He confirmed a dietician had not been out to review food preparation techniques with staff related to the therapeutic diets.	A 460		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the Program failed to have an operating door alarm on each exit door. This pertained to 1 of 1 tenant reviewed who eloped (Tenant #4) and potentially affected all tenants (census of 27). Findings follow: 1. On 11/19/24 review of Tenant #4's file revealed an incident report in Progress Notes indicating Tenant #4 was found in the employee/visitor parking lot inside a staff's car. His wheelchair and laundry basket were found next to the car.	A 635		

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A 635	Continued From page 49 Tenant #4 was brought back into the building. He had no injuries. Hospice, the primary care provider (PCP) and family were notified. A wander alert bracelet was changed at that time. Tenant #4 said he was trying to go home. 2. Staff A's statement dated 11/11/24 indicated between 1:15 p.m. and 1:30 p.m. she was by the medication room completing a weight for another tenant and heard a door alarm by the southeast door. She went outside, looked around but did not see anyone who was coming in. Through the kitchen door she noticed a wheelchair with a basket by her car, and saw Tenant #4 was seated in her car. She brought him in through the kitchen door as it was the closest door. When interviewed on 11/19/24 at 1:27 p.m. Staff A said she saw Tenant #4 at the table in the dining room at lunch between 12:00 p.m. and 1:00 p.m. She was taking care of another tenant and did not hear anything. When she walked closer to the medication room she could hear a faint noise by the southeast exit door. She did not hear her pager go off. She said no one was back there and the door was still alarming. She shut it off, went outside and could not open the outside door or salon door. She went to the kitchen door and observed a basket full of stuff next to her car and her car was open. She said Tenant #4 was in her car. There were no keys in the car. Tenant #4 said he was trying to leave. She brought the tenant back inside. He was wearing warm clothes, a long sleeved shirt, pants, socks and shoes. He did not have a coat. He was brought in and taken to his apartment. She said the Executive Director and Health and Wellness Director tested his wander alert bracelet and it was put back on him. She did not believe she saw a page for the exit door or the wander alert.	A 635		

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(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 635	Continued From page 50 The tenant suffered no injuries. Staff C's statement indicated she was in the bathroom and when she came out she was told Tenant #4 was outside. She had heard a page go off but it was not due to Tenant #4 going outside. She did not hear any door open or see the alarm going off on her pager. The last time she had seen Tenant #4 it was after lunch. When interviewed on 12/9/24 at approximately 1:25 p.m. Staff C it was right after lunch and she was in the restroom. She received pendant calls but never got a page related to the door or wander alert. She came out of the restroom and one staff said Tenant #4 had eloped and he was back inside. She last saw him at lunch on that day. She said the alarm system had malfunctioned previously. Staff D's statement indicated between 1:15 p.m. and 1:30 p.m. she was taking laundry back to another tenant's apartment and made the tenant's bed. She took laundry to another tenant's apartment and went back to the laundry room. When she left the laundry room she was told Tenant #4 was found outside in a staff's car. Staff D's pager did not get an alarm that the door was opened. She last saw Tenant #4 after lunch when she took him to his apartment, changed his brief and put him in his chair. When interviewed on 12/9/24 at 1:39 p.m. Staff D said she came out of the laundry room and someone told her Tenant #4 had been outside in Staff A's car but was back in the building. She did not receive a page related to the door or the wander alert. She said if the door alarm went off she could not hear it in the laundry room. Tenant #4 did not have any injuries and she did not know	A 635		

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 12/10/2024

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 635	Continued From page 51	A 635		

how long he had been outside but it had not been too long. She had seen him less than 15 or 20 minutes prior to him being back inside the building.

Staff E's statement indicated she was in the kitchen doing dishes and had the dishwasher going while she was spraying dishes and did not hear the pager go off. She heard someone banging on the door and she let Staff A and Tenant #4 back into the building. Staff A asked her to get Tenant #4's wheelchair and laundry basket. She brought them back in and helped Staff A get Tenant #4 back to his apartment.

When interviewed on 12/10/24 at 12:38 p.m. Staff E said she was in the kitchen spraying the dishes so it would have been hard to hear the pager if it had gone off. She started doing the dishes then she heard banging on the kitchen door. She let Staff A and Tenant #4 inside. Staff A reported she had found Tenant #4 in her car. Staff E brought the laundry basket and wheelchair back inside. Staff E had last seen Tenant #4 between 12:15 p.m. and 12:30 p.m. She believed it was the front door that Tenant #4 had gone out of. He had socks, shoes, a t-shirt and pajama bottoms on. He had no injuries and laid down after he was brought back into the building.

When interviewed on 12/10/24 at 1:46 p.m. the Health and Wellness Director said it was reported Staff A found Tenant #4 in her car in the parking lot. There were no keys in the car. He was brought back into the building. He was wearing jeans, a shirt, and shoes. He had his wheelchair and clothes (laundry basket). A head to toe assessment was completed and he did not sustain any injuries. She said it was determined his wander alert had a low or dead battery.

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 12/10/2024

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 635	Continued From page 52 When interviewed on 12/10/24 at 12:58 p.m. the Executive Director said he was out of the building and when he got back he was notified of the elopement. There was an issue with the wander alert battery and the wander alert was replaced. Tenant #4 did not have any injuries. He said Tenant #4 was outside 16 to 18 minutes and it was cool but was not frigid. 3. Continued record review revealed door alarm records showed the southwest exit door was breached at 1:14 p.m. The southwest exit door breach was reset at 1:17 p.m. The kitchen door was breached at 1:21 p.m. and reset at 1:21 p.m. When observed on 12/9/24 at 2:56 p.m. the approximate distance by foot from the southeast exit door to the employee parking lot was 87 steps and a distance of 0.04 of a mile. The possible terrain covered included a sidewalk, parking lot and grassy area between the sidewalk and parking lot. Weather conditions on 11/11/24 at 1:30 p.m. were as follows: a temperature of 51 degrees, relative humidity of 48%, winds were out of the north, northwest, at 15 miles per hour, there was no wind chill and there was fair conditions with no precipitation. When observed on 12/9/24 at approximatley 2:30 p.m. the southwest door and kitchen door were observed. The Executive Director was present and had a pager and wander alert test bracelet. When the wander alert bracelet was tested by the southwest door, no notification was received on the pager. The Executive Director said the watch showed up on the computer (located in the office) but did not show up on the pager. He said if a	A 635		

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 12/10/2024

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A 635	Continued From page 53	A 635		

family member had a key fob and someone with a watch was near the door would not open. When tested the exit door alarm for the southwest door functioned. The kitchen door was observed and the first attempt it opened and alarmed without a 15 second delay, the second attempt it would not open with a delay or without a delay and only opened with a key fob. The Executive Director indicated he would have a technician out to tomorrow to repair it.

4. Tenant #4's service plan indicated he had a history of elopement from home and needed safety checks every two hours during the hours of 2:00 p.m. to 7:00 p.m. A Global Deterioration Scale dated 10/24/24 indicated he was staged at a four, which indicated moderate cognitive decline. The November 2024 medication administration record (MAR) reflected staff checked the wander alert bracelet on Tenant #4 every shift. On first shift on 11/11/24 it was noted to be on his wrist.

In summary, Tenant #4 eloped on 11/11/24 at approximatley 1:14 p.m. and was located in Staff A's car in the parking lot. He had his wheelchair and a basket of clothes. None of the four staff who were working at the time incident, Staff A, Staff C, Staff D and Staff E heard or received a page related to the southwest exit door at the time of the elopement. Staff A heard a faint noise and responded to the door and reset the door. Staff A found Tenant #4 in her car in the employee parking lot. Door alarm records indicated the door was breached at 1:14 p.m.; however, none of the staff received the page related to the door breach. Additionally, when Tenant #4 was returned to the building it was determined his wander alert watch did not function and needed to be replaced.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 635	Continued From page 54 5. When observed at approximately 10:45 a.m. on 11/13/24 a tour was completed and the building had a courtyard that was enclosed by the building. There were two sets of doors that went from the interior of the building to exterior courtyard. The doors were opened and were not alarmed. There was no audible alarm and an alert was not sent to the computer system that indicated the doors were opened. When interviewed at the time of the observation the Executive Director said the doors were alarmed at 8:00 p.m. and with cold weather. When it was alarmed it went to the pager system and was not an audible alarm. When interviewed at approximately 1:45 p.m. on 11/13/24 the Executive Director reported the courtyard doors were now alarmed.	A 635		

Bickford of Cedar Falls Plan of Correction Recertification Survey completed 12/10/2024

A 150 481-67.2(3) Program Policies and Procedures

Regulatory Insufficiency:

Program failed to follow its policy and procedure related to the completion of incident reports.

Plan of Correction:

The insufficiencies will be corrected as follows:

The Health and Wellness Director completed an audit of progress notes from the last 30 days to ensure incident reports were completed when indicated on 3/12/2025

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

The Divisional Director of Health and Wellness provided re-education to the Health and Wellness Director regarding the policy and procedure for completion of incident reports on 3/12/2025

The Health and Wellness Director is responsible for ensuring incident reports are completed per Bickford Policy.

The program will monitor performance to ensure compliance as follows:

Divisional Director of Health and Wellness or designee will audit progress notes weekly x4 weeks then monthly x 2 months to ensure completion of incident reports as indicated.

Date insufficiencies corrected by: 3/12/2025

A 400 481-67.19(3) Record Checks

Regulatory Insufficiency:

Program failed to complete a background check for staff prior to employment.

Plan of Correction:

The insufficiencies will be corrected as follows:

Staff X background check was completed on 3/12/2025

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

The Divisional Director of Operations provided education on 3/12/2025to the Executive Director on Criminal Background Checks Policy.

The Executive Director is responsible for ensuring Criminal Background checks are completed per Bickford Policy

The program will monitor performance to ensure compliance as follows:

The Divisional Director of Operations or designee will audit new hire staff files monthly for 90 days and then prn thereafter.

Date insufficiencies corrected by: 3/12/2025

A 435 481-67.19(5) Record Checks

Regulatory Insufficiency:

Program failed to ensure evaluations were completed prior to hire by the Department of Health and Human Services for staff reviewed whose background checks revealed criminal histories.

Plan of Correction:

The insufficiencies will be corrected as follows:

Evaluations of criminal history records submitted for Staff A, D, X and Z.

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

The Divisional Director of Operations provided education to the Executive Director on the Criminal Background check policy on 3/12/2025

The Executive Director is responsible for ensuring evaluations are completed prior to hire by the Department of Health and Human Services for staff whose background checks revealed criminal histories.

The program will monitor performance to ensure compliance as follows:

The Divisional Director of Operations or designee will audit new hire records for completion of Background checks and presence of Criminal History evaluation if indicated monthly for 3 months.

Date insufficiencies corrected by: 3/12/2025

A 460 491-67.19(9)a,b Record Checks

Regulatory Insufficiency:

Program failed to verify a criminal conviction as required after a current staff had been convicted of a crime.

Plan of Correction:

The insufficiency will be corrected as follows:

New background checks to be completed for current staff members to check for charges since hire date.

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

The Executive Director will provide education to current staff and new hires to disclose incidents of arrest so a new background check can be completed.

The Executive Director will be responsible for verifying a criminal conviction as required after a current staff has been convicted of a crime

The program will monitor performance to ensure compliance as follows:

The Divisional Director of Operations or designee will review new hire records monthly for 3 months for presence of new background checks if indicated.

Date Insufficiencies corrected by: 3/12/2025

A 135 481-69.22(1) Evaluation of Tenant

Regulatory Insufficiency:

Program failed to complete health evaluations and cognitive evaluations on tenants prior to taking occupancy.

Plan of Correction:

The insufficiencies will be corrected as follows:

Resident charts who were admitted within last 30 days audited for presence of pre-moved in health and cognitive assessments by Health and Wellness Director

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

The Divisional Director of Health and Wellness provided re-education to the Health and Wellness Director regarding required assessments prior to tenant occupancy on 3/12/25.

The Health and Wellness Director will be responsible for ensuring required health an cobnitive evaluations on tenants are completed prior to taking occupancy.

The program will monitor performance to ensure compliance as follows:

The Divisional Director of Health and Wellness or designee will audit new resident charts to ensure presence of pre-move in health and cognitive assessments weekly x4 weeks, then monthly x 2 months.

Date insufficiencies corrected by: 3/12/2025

A 140 481-69.22(2) Evaluation of Tenant

Regulatory Insufficiency:

The program failed to complete health evaluations within 30 days of taking occupancy.

The insufficiencies will be corrected as follows:

Residents admitted within 30 days will have health evaluations completed by the Health and Wellness Director.

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

The Divisional Director of Health and Wellness provided re-education to the Health and Wellness Director regarding required assessments after tenant occupancy on 3/12/25.

The Health and Wellness Director will be responsible for completing required assessments after tenant occupancy.

The program will monitor performance to ensure compliance as follows:

The Divisional Director of Health and Wellness or designee will audit new resident charts to ensure presence of evaluations withing 30 days of occupancy weekly x4 weeks, then monthly x 2 months.

Date insufficiencies corrected by: 3/12/2025

A 145 481-69.22(3) Evaluation of Tenant

Regulatory Insufficiency:

The program failed to complete evaluations as needed with significant change.

The insufficiencies will be corrected as follows:

Resident charts audited for significant changes by the Health and Wellness Director on 3/12/2025

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

The Divisional Director of Health and Wellness provided re-education to the Health and Wellness Director regarding completion of evaluations with significant changes, behaviors and incidents on 3/12/25.

Health and Wellness Director will be responsible for the completion of evaluations with significant changes, behaviors and incidents

The program will monitor performance to ensure compliance as follows:

Divisional Director of Health and Wellness or designee will audit resident charts to ensure presence of significant change evaluations for triggering criteria weekly x4 weeks, then monthly x 2 months.

Date insufficiencies corrected by: 3/12/2025

A 155-481-69.23(1)b Criteria for Admission/Retention of Tenants

Regulatory Insufficiency:

Program failed to discharge a tenant who required the routine assistance of two people for transfers

Plan of Correction:

The insufficiencies will be corrected as follows:

The Executive Director and Health and Wellness Director are actively working with families, hospice and DIA (through the hospice wavier application process) to ensure that all Level of Care regulations are followed.

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

The Divisional Director of Health and Wellness provided re-education to the Executive Director and Health and Wellness Director regarding Criteria for Admission/Retention of Tenants on 3/12/2025

Executive Director and Health and Wellness Director will be responsible for ensuring compliance regarding Criteria for Admission/Retention of Tenants is met.

The program will monitor performance to ensure compliance as follows:

The Divisional Director of Health and Wellness or designee will review tenant records to ensure compliance twice per year during onsite visits.

Date Insufficiencies corrected by: 3/12/2025

A 330 481-69.25(1)q Tenant Documents

Regulatory Insufficiency:

Program failed to document routine cares on task sheets for those required to have task records.

Plan of Correction:

The insufficiencies will be corrected as follows:

Tenant #2, Tenant #3, Tenant #4 and Tenant #7 task sheets reviewed for last 30 days for completion.

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

The Divisional Director of Health and Wellness provided education to the Health and Wellness Director on the Documentation Policy on 3/12/2025

The Health and Wellness Director will be responsible for ensuring routine cares on task sheets for those required to have task records are complete.

The program will monitor performance to ensure compliance as follows:

The Divisional Director of Health and Wellness or designee will audit resident task sheet completion monthly x 90 days and then twice per year to ensure task sheets are completed without omission.

Date insufficiencies corrected by: 3/12/2025

A 350 481-69.26(1) Service Plans

Regulatory Insufficiency:

Program failed to update service plans as needed, and/or failed to ensure service plans were based on required evaluations.

Plan of Correction:

The insufficiencies will be corrected as follows:

Tenant # 1,2 3, 4, 5, 6, 7 service plans were updated to reflect current services and care needs on 3/12/2025

Tenant C1 no longer resides at the program.

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

The Divisional Director of Health and Wellness provided re-education to the Executive Director and Health and Wellness Director on the Service Planning and Agreements policy on 3/12/2025

The Executive Director and Health and Wellness Director are responsible for ensuring service plans are updated as needed and ensuring service plans are based on required evaluations.

The program will monitor performance to ensure compliance as follows:

The Divisional Director of Health and Wellness or designee will audit resident's service plans weekly x 4 weeks then bi-weekly for 4 weeks then monthly for 3 months to ensure service plans are current and accurate to reflect the resident's current services and care needs.

Date insufficiencies corrected by: 3/12/2025

A 430 481-69.27(1)c Nurse Review

Regulatory Insufficiency:

Program failed to complete nurse reviews every 90 days.

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 3/12/2025

The Divisional Director of Health and Wellness provided re-education to the Health and Wellness Director regarding required documentation for residents on 3/12/25.

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: 3/12/2025

A 460 481-69.28(4) Food Service

Regulatory Insufficiency:

The program failed to have a licensed dietician review procedures for food preparation and service for therapeutic diets.

Plan of Correction:

The insufficiencies will be corrected as follows:

Education has been provided for all caregivers and kitchen staff for Tenant #5 and all therapeutic diets currently in use.

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

Quarterly education will be provided on therapeutic diets by a registered dietitian.

HWD, Executive Director, Breadbasket Manager, or designee will provide quarterly training to all caregivers and prn as tenant diets are updated.

The program will monitor performance to ensure compliance as follows:

The Executive Director will review preparation and serving of therapeutic diets 2x monthly for each meal and prn.

Date insufficiencies corrected by: 3/12/2025

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

Regulatory Insufficiency:

Program failed to have an operating door alarm on each exit door.

Plan of Correction:

The insufficiencies will be corrected as follows:

Executive Director has provided education to staff members on the policy for door alarms on 3/12/2025

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

Routine Door alarm checks and routine Door alarm drills to be completed by Executive Director or designee per policy.

The program will monitor performance to ensure compliance as follows:

Divisional Director of Operations or designee will audit completion of Door Alarm checks and drills with routine visits.

Date Insufficiencies corrected by: 3/12/2025

✓ 3.31.25