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
	S0029	A. BUILDING: _____ B. WING _____	C 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE MARION	1100 LINDEN DR MARION, IA 52302

(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. General Population Program Number of tenants without cognitive disorder: 19 Number of tenants with cognitive disorder: 3 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 6 TOTAL census of Assisted Living Program for People with Dementia: 28 No regulatory insufficiences were cited during the investigation of Complaint #98918-C and #98977-I. The following regulatory insufficiencies were cited during the investigation of Complaint #99404-C and during the onsite infection control survey.	A 000	POC attached 1/8/22	
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 their policy and procedures for communicable and contagious disease preparedness plan for all 26 tenants residing in the Program. Findings follow:	A 150		

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

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A 150	Continued From page 1 Record review on 8-31-21 revealed the following: 1. Communicable and Contagious Disease Preparedness Plan revealed all residents required daily monitoring of temperatures and symptoms recorded on the Resident/Branch COVID-19 log. Any resident with suspected COVID-19 symptoms required monitoring two times per day and recorded on the Resident/Branch COVID-19 log. 2. Facility census revealed 28 tenants resided at the Program. 3. Health Check Screenings dated 8/17/21 - 8/30/21 revealed staff failed to document daily temperatures and symptoms for all tenants as required. Continued review revealed staff failed to consistently document a second screening for tenants with symptoms of COVID-19 as required. On 9-1-21 at 12:22 p.m. the Registered Nurse Coordinator confirmed staff failed to consistently document tenants' temperatures and symptoms at least daily as required by their policy. She stated staff ask each tenant how they are feeling when they deliver meals, complete cares, and have any other interaction with them. She stated temporary staff are not allowed access to the program to enter this information and recognized a need to correct that.	A 150		

OK 2/15/22

Plan of Correction
Marion Bickford Cottage

A 105—481-67.2(3) Program Policies and Procedures

Regulatory Insufficiency: The Program failed to follow their policy and procedures for communicable and contagious disease preparedness plan.

Plan of Correction:
The insufficiencies will be corrected as follows:

- The program will follow the Covid-19 Phased Approach for Branch Visitation Table and CDC Work Restrictions for HCP With SARS-CoV-2 Infection and Exposure for all residents.

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

- Divisional Director of Resident Services provided education on 1/3/22 to the Director and RNC on the Covid-19 Phased Approach for Branch Visitation Table and CDC Work Restrictions for HCP With SARS-CoV-2 Infection and Exposure.
- The Director, RNC or designee will provide education to new staff members, upon hire, on the Covid-19 Phased Approach for Branch Visitation Table and CDC Work Restrictions for HCP With SARS-CoV-2 Infection and Exposure.
- Director, RNC or designee will educate all staff members 01/06/22 on the Covid-19 Phased Approach for Branch Visitation Table and CDC Work Restrictions for HCP With SARS-CoV-2 Infection and Exposure. Those staff who are not in attendance shall be provided 1:1 education by Director, RNC or designee.

The program will monitor performance to ensure compliance as follows:

- The Director, RNC or designee will review Covid-19 log documentation to ensure that program staff properly complied with the Covid-19 Phased Approach for Branch Visitation Table and CDC Work Restrictions for HCP With SARS-CoV-2 Infection and Exposure.
- Director, RNC or designee will provide individual education or counseling for staff members who are not compliant with following appropriate guidelines.
- Divisional will audit Covid-19 log documentation twice per year during onsite visits to ensure that the Covid-19 Phased Approach for Branch Visitation Table and CDC Work Restrictions for HCP With SARS-CoV-2 Infection and Exposure if followed.

Date deficiencies corrected by: 01/08/22