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
	S0042	A. BUILDING: _____ B. WING _____	C 04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE URBANDALE	**5915 SUTTON PLACE URBANDALE, IA 50322**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 24 Number of tenants with cognitive impairment: 24 Total census: 48 The following regulatory insufficiencies were cited during the investigation of Complaint #120221-C.	A 000		
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 tenants who were bed bound and failed to meet retention criteria. This pertained to 1 of 1 sample tenant determined to be bed bound (Tenant #5). Finding follow: Record review on 4/24/24 revealed Tenant #5's coordination notes (CN), documented the following:	A 155		

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

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A 155	Continued From page 1 a. On 4/11/24 Tenant #5 required the assistance of two to transfer, in addition to maximum assist with all activities of daily living (ADL) and two stage 2 wounds on their buttocks. b. On 4/16/24, said staff approached the Registered Nurse (RN) and advised Tenant #5 required a three-person transfer. The RN noted during a staff meeting staff reported Tenant #5 required a three-person assist. Once the hospice aide arrived, the RN and aide transferred Tenant #5 for assessment of wounds on buttocks. The RN noted Tenant #5 required heavy assist of two people with a gait belt. It was further noted the wounds to the coccyx worsened and new orders for Thera honey obtained. c. On 4/17/24 CN notes revealed Tenant #5's wife agreed to keep Tenant #5 in bed to allow sores to heal. The RN noted she had conversation with Wellness Director and Director regarding Tenant #5's wounds and the need to be in bed. The Program's Wellness Director who said she would have to think about it (leaving tenant in bed). d. On 4/20/24 staff notified the on-call nurse they found Tenant #5 on the floor after unknown amount of time face down with CPAP mask in place. Tenant #5 found between bed and night stand. Staff stated they "popped" in during first rounds and did anyone in bed so they assumed Tenant #5 was in the hospital or with his son. Staff found Tenant #5 at 4:00 a.m. on the floor. e. On 4/22/24 Tenant #5 remained bed bound for the weekend to allow wound healing. Assessment showed the wound on mid coccyx worse.	A 155		

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A 155	Continued From page 2 Record review revealed Tenant #2's service plan, signed 3/29/24, noted he required two person assistance with transferring. During the exit on 4/24/24 at 2:45 p.m. the Administrative staff confirmed the tenant failed to meet retention criteria for an assisted living program.	A 155		
A 195	481-69.23(1)i 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: i. Requires maximal assistance with activities of daily living This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to consistently discharge tenants requiring maximal assistance with activities of daily living. This pertained to 2 of 5 tenants reviewed for retention criteria (Tenants #2-#3). Finding follows: 1. Observations on 4/18/24, 4/22/24, 4/23/24 and 4/24/24 revealed Tenant #2 sat in a broda chair and appeared asleep in the common area of the Program. Record review on 4/23/24 revealed Tenant #2's Client Coordination Note Report, dated 4/19/24, noted Tenant #2 required assistance with six of six areas of activities of daily living (ADL)s -	A 195		

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A 195	Continued From page 3	A 195		

bathing, grooming, dressing, toileting, transferring/mobility and feeding. Further review revealed Tenant #2 required assistance with the same ADLs during the last recertification period. Transfers noted a two person assist utilized for Tenant #2 a change from last recert when she required a one person assist. According to the notes, Tenant #2 slept 20 -22 hour a day.

Additional record review revealed Tenant #2's service plan, signed 3/30/24, noted the following:
a. Tenant #2 required assistance with all intake.
b. Tenant #2 required assistance with toileting throughout the day and required assistance to clean adequately.
c. Tenant #2 required assistance with dressing. The Service Plan noted Tenant #2 required assistance with most ADLs.
d. Tenant #2 required assistance with bathing.
e. Tenant #2 required full assistance with grooming.
f. Tenant #2 did not ambulate independently. She required use of a wheelchair to get around and could occasionally move herself short distances. It was further noted Tenant #2 required additional staff support to help with safe transfers from bed to wheelchair.

2. Observations on 4/18/24 revealed Tenant #3 laid in a recliner asleep from 1:40 p.m. -2:25 p.m.

Record review on 4/23/24 revealed Tenant #3's Hospice Certification and Plan of Care signed 3/21/24 by the medical director noted Tenant #3 required assist of two for transfers. Further review revealed Tenant #3 required assist with six of six ADLs.

Additional record review revealed Tenant #3's

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A 195	Continued From page 4 service plan, signed 3/29/24, noted the following: a. Tenant #3 required staff to assist with bathing and should not be left alone in the shower. b. Tenant #3 required hand over hand assistance with dressing and undressing. c. Tenant #3 required hand over hand assistance with grooming. d. Tenant #3 required staff to take him to the toilet every two hours, as he was mostly incontinent. Tenant #3 required staff to regularly change incontinence products and complete peri care. 3. During the exit on 4/24/24 at 2:45 p.m. the Administrative team confirmed the tenants failed to meet retention criteria.	A 195		