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 03/19/2025

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: 34 Number of tenants with cognitive impairment: 14 Total census: 48 The following regulatory insufficiencies were cited during the investigation of Complaint #127207-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure treatments were administered as prescribed. This pertained to 1 of 1 sample tenants with a documented skin issue (Tenant #1). Findings follow:	A 285		

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A 285	Continued From page 1 Record review of Tenant #1's Service Plan (SP) dated 10/16/24 revealed the the SP directed full assistance with medication management. Program staff were responsible to administer medications as ordered by the physician. Record review on 3/18/25 revealed a physician's order dated 2/13/25. The ordered directed application of calmoseptine ointment to buttocks two times a day for fourteen days then as needed. Further review revealed Tenant #1's Medication Administration Record (MAR) for February 2025 revealed the Program failed to administer the calmosepatine due to medication not available on the following dates and times: 2/14/25 10:30 a.m. 2/14/25 4:06 p.m. 2/15/24 9:36 a.m. 2/16/25 8:18 a.m. 2/17/25 8:37 a.m. 2/17/25 4:13 p.m. 2/18/25 7:39 a.m. 2/18/25 3:27 p.m. 2/19/25 3:19 p.m. 2/20/25 3:30 p.m. 2/21/25 3:56 p.m. 2/22/25 4:26 p.m. 2/24/25 3:16 p.m. During the exit on 3/19/25 at 3:30 p.m. the Director said she wasn't sure why the nurse, who longer worked for the Program, did not take action regarding the medication not being available. She confirmed the Program had responsibility via the service plan to ensure Tenant #1 received medications as ordered.	A 285		

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A 315	481-69.25(1)n Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: n. A copy of guardianship, durable power of attorney for health care, power of attorney, or conservatorship or other documentation of a legal representative This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure tenant records included copies of documentation of durable power of attorney information. This pertained to 1 of 3 sample tenants with a Global Deterioration Scale (GDS) score of 4 and above (Tenant #1). Findings follow: Record review on 3/13/25 revealed Tenant #1's record failed to contain copies of power of attorney documents. When interviewed on 3/13/25 the Director confirmed the Program failed to ensure tenant records included required documents.	A 315		
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	A 330		

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A 330	Continued From page 3 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 consistently maintain accurate documentation of personal and/or health-related care (task sheets). This pertained to 1 of 3 sample tenants (Tenant #1) with a Global Detrioration Scale (GDS) score of 4 and above. Findings follow: Record review on 3/13/25 revealed no task sheets for the week of 2/23/25-3/1/25 for Tenant #1. Review of Tenant #1's service plan dated and signed 10/16/24 revealed the Program assisted the tenant with activities of daily living including bathing, toileting and transferring. During the exit on 3/19/25 at 3:30 p.m. the Director confirmed the Program had no way to document personal and/or health related care.	A 330		