

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/23/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BICKFORD COTTAGE WEST DES MOINES

**5050 HAWTHORNE DR
WEST DES MOINES, IA 50265**

(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: 12 Number of tenants with cognitive impairment: 8 Total census: 20 No regulatory insufficiencies were cited during the investigation of Complaint #108093-C. The following regulatory insufficiencies were cited during the investigation of Complaints #105218-C and 107992-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
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 consistently perform criminal history and background checks prior to employment. This potentially affected 20 of 20	A 400		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE WEST DES MOINES		STREET ADDRESS, CITY, STATE, ZIP CODE 5050 HAWTHORNE DR WEST DES MOINES, IA 50265		
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A 400	Continued From page 1 tenants (Tenants #1-#20). Finding follows: Based on record review on 1/18/23 the Program hired Staff A on 8/18/21. Further review revealed the Program completed the SING on 8/26/21. When interviewed on 1/18/23 at 1:30 p.m. the Director confirmed the Program failed to complete the required checks prior to employment of Staff A.	A 400		
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all personnel including contract/agency staff were appropriately trained to meet the tenant needs. This potentially affected 20 of 20 tenants and pertained to 1 of 2 agency/contract staff reviewed AS 1. Finding follows: When interviewed on 1/18/23 at 2:30 p.m. the Director confirmed the Program utilized contract/agency staff but failed to provide training ppropriate training to assigned tasks and target population.	A 525		
A 556	481-69.30(3)b Dementia-Specific Education for Personnel	A 556		

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A 556	Continued From page 2 69.30(3) Dementia-specific continuing education b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received eight hours of dementia-specific training annually. This potentially affected 20 of 20 tenants who resided at the Program. Finding follows: Record review on 1/18/23 revealed Staff A and B had not received eight hours of dementia-specific training annually (2022). When interviewed on 1/19/23 at 10:30 a.m. the Director confirmed the Program could not locate documentation of Staff A and B's annual dementia-specific training.	A 556		