STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP028	A. BUILDING _____ B. WING _____	12/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE DAVENPORT	4040 E 55TH ST DAVENPORT, IA 52806

(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 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: 22 Number of tenants with cognitive disorder: 11 TOTAL census of Assisted Living Program: 33 No regulatory insufficiencies were cited during the investigation into Complaints #108383-C, #108255-C and 107202-C. Regulatory insufficiencies were cited during the investigation into Complaints #107132-C and #105750-C.	A 000		
A 155	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This Requirement is not met as evidenced by: Based on interview and record review, the program faild to ensure tenants were consistently treated with respect and dignity. This affected 2 of 6 current tenants reviewed (Tenant #1 and Tenant #6). Findings follow: Record review on 12/4/22, revealed an Investigation Form dated 11/15/22. The Director and RN Coordinator interviewed Staff A and Staff B. On separate occasions, both staff heard Staff C tell Tenant #6 to "go suck his mama's *****." Tenant #6 denied hearing Staff C refer to him in this manner, but said he did get in a disagreement with Staff C in which she called him an a******.	A 155		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 155	Continued From Page 1 On 11/15/22 at 3:10 PM, Staff A reported she heard staff speak inappropriately to tenants, but preferred not to give the names of the staff members involved. One co-worker told a tenant he could kiss his mother's *****. The tenant was yelling when this occurred and could be frustrating to deal with. On another occasion, she was providing toileting assistance to Tenant #1. Two staff members, who no longer work for the program, were in Tenant #1's room during this process. Tenant #1 was incontinent of bowel on his apartment floor. The two staff members made a comment, within Tenant #1's hearing, how the bowel movement was the size of horse excrement. During an interview with Staff B on 11/14/22 at 4:30 PM. she reported hearing a co-worker say, go suck on your momma's ***** to a tenant. Staff B did not hear the entire conversation. This co-worker also told the tenant not to call when help was needed. Staff B declined to tell the monitor the name of the staff, but said the person still worked at the program. On 12/4/22 at 11:10 AM, Tenant #6 reported he did not recall Staff C making any comments about his mother's "*****". He did say Staff C referred to him as an a******. When asked how often this occurred, Tenant #6 said Staff C made the comment more than five times but less than 10 times. Tenant #6 said he usually started the situation by getting into it with Staff C. He made sure not to talk to Staff C in the hallway as once when he passed her in the hallway, she said, "keep walking, a******". Tenant #1 said he did feel safe living at the program. On 12/15/22 at 4:20 PM, the Director and RN Coordinator confirmed these were not appropriate	A 155		

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A 155	Continued From Page 2 comments for staff to make toward tenants.	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 the completion of routine personal or health-related care on task sheets for 3 of 5 tenants who received hospice care (Tenants #2, #3 and #5). Findings follow: 1. A review of Tenant #2's service plan, dated 8/18/22, noted she was to receive an overnight check around 5:00 AM, to see if she had experienced overnight incontinence. The program had a limited number of task sheets to view. A task sheet dated 11/14/22 made no note of staff providing this assistance to Tenant #2. 2. Tenant #3 had a service plan dated 10/12/22. Tenant #3's service plan identified caregivers should provide her with one overnight check to ensure she used the restroom and then provide hygiene assistance. Tenant #5 was also noted to be a high fall risk who had increasingly poor judgement. Staff were to observe her during routine overnight checks. A task sheet dated 11/14/22 made no note of staff providing this	A 330		

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A 330	Continued From Page 3 assistance to Tenant #3. 3. Tenant #5 had a service plan dated 7/20/22. The service plan identified staff would check on Tenant #5 multiple times per night. Staff were to ensure she had her oxygen on and encourage frequent toileting assistance. A review of a night shift task sheet dated 11/14/22 made no note of staff providing this assistance to Tenant #5. 4. The Director and RN Coordinator confirmed the task sheets did not address these tenants needs on 11/16/22 at 10:15 AM.	A 330		
A 340	481-69.25(2) Tenant Documents 69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant. This Requirement is not met as evidenced by: Based on interview and record review, the program failed to retain documents for 3 years. Findings follow: A review of task sheets for tenants revealed the program only retained them for the following dates: 11/7/22, 11/8/22, 11/9/22, 11/10/22, 11/11/22, 11/13/22, 11/14/22 and 11/15/22. The program failed to retain tenant task sheets for three years. The Director RN Coordinator confirmed these findings on 11/16/22 at 10:15 AM.	A 340		