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
	S0054	A. BUILDING: _____ B. WING _____	C 09/15/2025

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 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. Tenants without cognitive impairment: 11 Tenants with cognitive impairment: 13 Total census: 24 The following regulatory insufficiencies were cited during the investigation of Complaint #129204-C.	A 000	see attached POC 12/9/25	
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure all required evaluations were completed when assessing the condition of 5 of 5 tenants reviewed (Tenant #1, Tenant #2, Tenant #3, Tenant #4 and Tenant #5). Findings	A 145		

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
	S0054	A. BUILDING: _____ B. WING _____	C 09/15/2025

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 145	Continued From page 1 follow: Record review on 9/15/25 revealed on 6/03/25, the Program Nurse completed evaluations for Tenant #1's functional and cognitive abilities as part of a scheduled reassessment. The Program Nurse failed to complete an evaluation of Tenant #1's health needs. The Health and Wellness Director developed a service plan for Tenant #1 on 6/03/25 without fully evaluating the tenant's needs. Tenant #2's functional and cognitive evaluations were completed on 3/13/25. Tenant #2's service plan was developed without the evaluation of her health. Tenant #3's functional evaluation was completed on 6/18/25 due to a change in condition. The Health and Wellness Director failed to evaluate her health and cognitive status prior to determining the need for any additional services. On 5/16/25, the Health and Wellness Director completed evaluations for Tenant #4's health and functional status as part of a scheduled reassessment but failed to complete a cognitive evaluation. On 7/08/25, the Health and Wellness Director developed a new service plan for Tenant #5 when he experienced a change of condition. She failed to complete a health, functional or cognitive evaluation. During an interview with the Executive Director, on 9/15/25 at 3:50 p.m., she confirmed the Health and Wellness Director was not aware she needed to complete functional, cognitive and health evaluations for tenants annually or with a	A 145		

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
	S0054	A. BUILDING: _____ B. WING _____	C 09/15/2025

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 145	Continued From page 2 significant change.	A 145		
A 150	481-69.23(1)a 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: a. Is bed-bound This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program retained a bed bound tenant since January, 2025 this pertained to 1 of 1 tenants reviewed (Tenant #5). Finding follows: Record review on 9/15/25 revealed Tenant #5's service plan, dated 7/08/25, indicated his personal goal (as stated by the tenant) was to be able to go outside in a wheelchair and attend activities. The plan noted Tenant #5 was unable to transfer into his wheelchair without the assistance of four or more people. He required a mechanical lift to safely transfer him and a lift was not available at the program. Tenant #5 was non-weight bearing and no longer stood to pivot transfer. His needs indicated he was bedridden or needed full assistance. He needed to be repositioned often throughout the day. A Statement of Deficiencies, dated 1/22/25 revealed the Program was cited with a regulatory insufficiency for retaining Tenant #5 as he was bed bound. The Program submitted a plan of correction noting they would work with Tenant #5 to help him transfer with a slide board. They	A 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0054	A. BUILDING: _____ B. WING _____	C 09/15/2025

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 150	Continued From page 3	A 150		

would also submit a hospice waiver to allow him to remain at the Program. These actions would be completed by 4/01/25.

An interview conducted on 9/11/25 at 10:10 a.m., Staff A reported concerns about Tenant #5 as he continued with his bed bound status. She believed he had so much potential and would be able to sit in a chair if he lived in a facility with a mechanical lift.

When interviewed on 9/11/25 at 11:00 a.m., Staff B reported Tenant #5 was bed bound. She believed if he lived in a community with a lift he would thrive.

An interview on 9/11/25 at 11:15 a.m. Staff C indicated Tenant #5 was not known to leave his bed except on rare occasions. His hospice aide arranged for him to get out of bed about a month ago to see a car show hosted by the program and he was very excited about this. It took several staff to get him out of bed. With the exception of the car show, Tenant #5 did not express a desire to get out of bed.

The Executive Director and Health and Wellness Director reported the program failed to arrange for Tenant #5 to transfer via a slide board or to arrange a hospice waiver. He remained at the program in spite of being bed bound for over eight months. The Executive Director and Health and Wellness Director were fairly new to their positions and were not aware of the earlier Statement of Deficiencies. They met with Tenant #5 and his family on 9/15/25 and were working with them to find an appropriate place for him to live.

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
	S0054	A. BUILDING: _____ B. WING _____	C 09/15/2025

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 420	Continued From page 4	A 420		
A 420	481-69.27(1)a Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program nurse failed to complete nurse reviews for 2 of 5 tenants' conditions every 90 days (Tenant #1 and Tenant #2). Findings follow: 1. Record review on 9/15/25 revealed Tenant #1's service plan dated 6/3/25, indicated her condition was not reviewed within 90 days in the nurse review. 2. Tenant #2's service plan, dated 3/13/25, failed to be reviewed by a nurse on 6/13/25 or after that date. During an exit interview, on 9/15/25 at 4:40 p.m. the Executive Director and Health and Wellness Director confirmed tenants' conditions were not reviewed every 90 days.	A 420		

Deficiency A145 – Evaluation of Tenant (Iowa Code 481-69.22(3))

Regulatory insufficiency: Failure to complete functional, cognitive, and health evaluations annually or with significant change for 5 of 5 tenants.

Plan of Correction:

- **The insufficiencies will be corrected as follows:**
    - Tenant #1, Tenant #2. Tenant #3. Tenant#4 and Tenant #5 will have functional, cognitive, and health evaluations completed by 12/9/2025
    - The Health & Wellness Director will review all current tenant files and complete missing evaluations by 12/9/2025
- The following measures will be taken to ensure the problem does not recur:
    - The Divisional Director of Health and Wellness will re-educate the Health and Wellness Director on the expectation that tenants are evaluated annually and with a significant change to include functional, cognitive and health status.
    - The Health and Wellness Director will be responsible for completing comprehensive evaluations (functional, cognitive, and health) upon admission, annually, and after any significant change in condition on all tenants.

- **The program will monitor performance to ensure compliance as follows:**
    - The Divisional Director of Health and Wellness will review 3 resident charts weekly x's 1 month and annually thereafter to ensure compliance.
    -
- **Completion Date:**
    - All corrective actions completed by **12/9/2025**.

Deficiency A150 – Criteria for Admission/Retention (Iowa Code 481-69.23(1)a)

Regulatory insufficiency: Retention of a bed-bound tenant (tenant #5) since January 2025.

Plan of Correction:

The insufficiency will be corrected as follows

- Tenant #5 is no longer at Bickford of Davenport. Moved to a skilled nursing community.

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

The Executive Director and Health and Wellness Director were re-educated on admission/retention requirements by the Divisional Director of Health and Wellness.

The Executive Director and Health and Wellness Director are responsible for ensuring all tenants meet the admission/retention requirements.

The Divisional Director of Health and Wellness reviewed the Divisional notification process for tenants exceeding care level with the Executive Director and the Health and Wellness Director.

The Program will monitor performance to ensure compliance as follows:

The Divisional Director of Health and Wellness will audit the next 5 pre- admissions to ensure compliance

The Divisional Director of Health and Wellness will review all tenant mobility and care needs with Health & Wellness Director to monitor compliance during routine branch visits and then annually.

- **Completion Date:**
  - 12/9/2025

Deficiency A420 – Nurse Review (Iowa Code 481-69.27(1)a)

Issue: The program nurse failed to complete nurse reviews every 90 days for tenants (Tenant #1 and Tenant #2)

Plan of Correction:

- **The insufficiency will be corrected as follows:**

- Tennant 1 and Tennant 2 had a nurse review completed by Health and Wellness Director on 11/5/2025

- **The following measures will be taken to ensure the problem does not recur:**
  - The Health and Wellness Director was re-educated by the Divisional Director of Health and Wellness on completing 90nday reviews on tenants including changes in condition on 11/5/2025.
  - The Health and Wellness Director is responsible for completing 90-day reviews on tenants including changes in condition.

The Program will monitor performance to ensure compliance as follows:

- Divisional Director of Health and Wellness will verify completion of nurse reviews during routine visits x's 1 month and annually thereafter.

- **Completion Date:**
  - All corrective actions completed by **12/9/2025**