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
	S0063	A. BUILDING: _____ B. WING _____	C 03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE II SIOUX CITY	4022 INDIAN HILLS DR SIOUX CITY, IA 51108

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 33 Total Population of Program at time of on-site: 34 TOTAL census of Assisted Living Program: 34 The following regulatory insufficiencies were cited during the investigation of Incident #102863-I.	A 000	POC attached OK 3-22-22	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to follow it's resident monitoring system policy for 1 of 1 tenants reviewed (Tenant #1). Findings follow: Record review of Tenant #1's file revealed he was admitted on 3/29/21 with a diagnosis of Dementia. Tenant #1's cognitive assessment dated 2/16/2022 documented a Global Deterioration Score (GDS) of 5 which indicated moderately severe cognitive decline. The service plan noted he would check doors to see if they were able to opened. He wore a safety monitoring watch at all times and was not safe to be unattended outside the Program due to his potential for wandering. The watch remained in	A 150		

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A 150	Continued From page 1	A 150		

place during bathing. He required no assistance with ambulation and would be observed on several occasions in the living room area of the facility adjacent to the main entrance.

On 2/28/22 at approximately 6:00 p.m. a neighbor across the street returned Tenant #1 to the Program. It was determined during interviews, staff observed him at approximately 5:30 p.m. seated at the dining room table following supper. The neighbor reported they noticed him in their garage between 5:15 p.m. and 5:30 p.m.

According to the state climatologist the weather in Sioux City on 2/28/22 around 6:00 p.m. was 57 degrees Fahrenheit with relative humidity of 24%, the sky was clear, and the wind was out of the NNW at 8 mph with no windchill.

The Program utilized four different alarm systems at the assorted doors and it could not be determined what door Tenant #1 exited out of. All of the alarmed systems would noted on the computer and sent to pagers to alert staff of the alarm. When interviewed, none of the four staff working on the floor on the evening of 2/28/22 reported alerts on their pagers indicating an alarmed door had been breached during the time Tenant #1 eloped.

The employee entrance side door, the outside exit doors A, B, C and D and the main front door used a mag lock type system that required a code entered on the keypad for the door to open. If the door was opened without the code to disarm the door, an alarm would sound and needed to be manually silenced by staff. It also sent notification to the computer and the pagers worn by staff. Staff had the code to this keypad it was not to be given out to family or visitors. Staff interviews

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A 150	Continued From page 2	A 150		

revealed a resident's family member had the code to the mag lock door prior to the reported elopement. As a result, the code needed to be changed. The dangers associated with others having the code to the door could result in a tenant following a person out the door before the door has time to rearm.

On 3/09/22 at 3:15 p.m. the Nurse stated Tenant #1's watch was missing its battery on the evening of 2/28/22. She confirmed without the battery, the personal Watcher alarmed monitoring system would not work. The nurse reported she felt he exited the front door without sounding an alarm by following someone out the door before the alarm had a chance to rearm itself. The door exited immediately into a breezeway that would allow a tenant to follow a person out of the building unnoticed. It could not be determined when Tenant #1's Watch battery was last checked prior to the elopement.

On 3/10/22 at 7:30 a.m. review of the Policy and Procedures on the resident monitoring system Use and Maintenance revealed the resident monitoring system will be inspected and maintained to ensure appropriate functioning at all times. The Resident Monitoring system shall be inspected monthly to ensure it is functioning appropriately. Use the Resident Monitoring System Testing Procedure Checklist to perform this inspection. The completed checklist will be kept in a separate file in the Program for 2 years. Review of the HomeFree System Testing Procedure Checklist revealed the Personal Watcher system was be checked monthly. Staff were to use the Personal Watcher to check that each monitored door functioned properly by having each tenant wearing a Watch approach a monitored door to test for proper function of the

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A 150	Continued From page 3 Watch. On 3/10/22 at 11:25 the Administrator confirmed she was not able to find a completed HomeFree System Testing Procedure Checklist but provided a document titled Preventive Maintenance Work Schedule - 2022 document. Noted on the document was, perform the Exit Door Inspection Checklist. Review of the list revealed the exit door inspections were noted as completed on February 7th, February 14th, and February 21, 2022. The inspections were noted as completed every 7 days. The next inspection would have been completed on 2/28/22 the day of the elopement. On 3/14/22 at 10:09 a.m. interview with Staff C, the former maintenance man, confirmed he was not using the HomeFree System Testing Procedure. Staff C said he would check them every 2 - 3 days with a Watch to the door to see that it would alarm. Every morning they checked the battery status on the computer to see that the Watch battery had a sufficient charge. The Watch battery would show on the computer if it needed to be replaced or not. Staff C confirmed he failed to document the alarm system checks or the daily computer system checks. On 3/14/22 at 3:39 p.m. the nurse confirmed there was no specific documentation of when Tenant #1's watch would have last been tested.	A 150		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services	A 160		

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A 160	Continued From page 4 which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to provide adequate and appropriate care, treatment, and services for 1 of 1 tenants reviewed (Tenant #1) and potentially affected all tenants in the dementia unit. Findings follow: Record review of Tenant #1's file revealed he was admitted on 3/29/21 with a diagnosis of Dementia. Tenant #1's cognitive assessment dated 2/16/2022 documented a Global Deterioration Score (GDS) of 5 which indicated moderately severe cognitive decline. The service plan noted he would check doors to see if they were able to opened. He wore a safety monitoring watch at all times and was not safe to be unattended outside the Program due to his potential for wandering. The watch remained in place during bathing. He required no assistance with ambulation and would be observed on several occasions in the living room area of the facility adjacent to the main entrance. On 2/28/22 at approximately 6:00 p.m. a neighbor across the street returned Tenant #1 to the Program. It was determined during interviews, staff observed him at approximately 5:30 p.m. seated at the dining room table following supper. The neighbor reported they noticed him in their garage between 5:15 p.m. and 5:30 p.m. The Program is located approximately one half mile from a heavily travelled four lane road.	A 160		

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A 160	Continued From page 5 According to the state climatologist the weather in Sioux City on 2/28/22 around 6:00 p.m. was 57 degrees Fahrenheit with relative humidity of 24%, the sky was clear, and the wind was out of the NNW at 8 mph with no windchill. The Program utilized four different alarm systems at the assorted doors and it could not be determined what door Tenant #1 exited out of. All of the alarmed systems would noted on the computer and sent to pagers to alert staff of the alarm. When interviewed, none of the four staff working on the floor on the evening of 2/28/22 reported alerts on their pagers indicating an alarmed door had been breached during the time Tenant #1 eloped. The employee entrance side door, the outside exit doors A, B, C and D and the main front door used a mag lock type system that required a code entered on the keypad for the door to open. If the door was opened without the code to disarm the door, an alarm would sound and needed to be manually silenced by staff. It also sent notification to the computer and the pagers worn by staff. Staff had the code to this keypad it was not to be given out to family or visitors. Staff interviews revealed a resident's family member had the code to the mag lock door prior to the reported elopement. As a result, the code needed to be changed. The dangers associated with others having the code to the door could result in a tenant following a person out the door before the door has time to rearm. On 3/09/22 at 3:15 p.m. the Nurse stated Tenant #1's watch was missing its battery on the evening of 2/28/22. She confirmed without the battery, the personal Watcher alarmed monitoring system would not work. The nurse reported she felt he	A 160		

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A 160	Continued From page 6 exited the front door without sounding an alarm by following someone out the door before the alarm had a chance to rearm itself. The door exited immediately into a breezeway that would allow a tenant to follow a person out of the building unnoticed. It could not be determined when Tenant #1's Watch battery was last checked prior to the elopement. On 3/10/22 at 7:30 a.m. review of the Policy and Procedures on the resident monitoring system Use and Maintenance revealed the resident monitoring system will be inspected and maintained to ensure appropriate functioning at all times. The Resident Monitoring system shall be inspected monthly to ensure it is functioning appropriately. Use the Resident Monitoring System Testing Procedure Checklist to perform this inspection. The completed checklist will be kept in a separate file in the Program for 2 years. Review of the HomeFree System Testing Procedure Checklist revealed the Personal Watcher system was be checked monthly. Staff were to use the Personal Watcher to check that each monitored door functioned properly by having each tenant wearing a Watch approach a monitored door to test for proper function of the Watch. On 3/10/22 at 11:25 the Administrator confirmed she was not able to find a completed HomeFree System Testing Procedure Checklist but provided a document titled Preventive Maintenance Work Schedule - 2022 document. Noted on the document was, perform the Exit Door Inspection Checklist. Review of the list revealed the exit door inspections were noted as completed on February 7th, February 14th, and February 21, 2022. The inspections were noted as completed every 7 days. The next inspection would have	A 160		

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A 160	Continued From page 7 been completed on 2/28/22 the day of the elopement. On 3/14/22 at 10:09 a.m. interview with Staff C, the former maintenance man, confirmed he was not using the HomeFree System Testing Procedure. Staff C said he would check them every 2 - 3 days with a Watch to the door to see that it would alarm. Every morning they checked the battery status on the computer to see that the Watch battery had a sufficient charge. The Watch battery would show on the computer if it needed to be replaced or not. Staff C confirmed he failed to document the alarm system checks or the daily computer system checks. On 3/14/22 at 3:39 p.m. the nurse confirmed there was no specific documentation of when Tenant #1's watch would have last been tested.	A 160		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to update service plans to reflect the need for increased supervision for 1 of 1 tenants (Tenant #1) with a history of exit seeking behavior. Findings follow:	A 350		

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A 350	Continued From page 8 Record review of Tenant #1's file revealed he was admitted on 3/29/21 with a diagnosis of Dementia. Tenant #1's cognitive assessment dated 2/16/2022 documented a Global Deterioration Score (GDS) of 5 which indicated moderately severe cognitive decline. The service plan dated 2/16/22 noted he would check doors to see if they would open. He wore a safety monitoring watch at all times and was not safe to be unattended outside the Program due to his potential for wandering. The watch remained in place during bathing. He required no assistance with ambulation and would be observed on several occasions in the living room area of the facility adjacent to the main entrance. The Program failed to update his service plan to reflect the need for increased supervision for exit seeking behavior. On 2/28/22 at approximately 6:00 p.m. a neighbor across the street brought Tenant #1 to the Program. The neighbor reported they noticed him in their garage between 5:15 p.m. and 5:30 p.m. It was determined during interviews, staff observed him at approximately 5:30 p.m. seated at the dining room table following supper. On 3/16/22 at 11:00 a.m. the nurse confirmed these findings.	A 350		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by:	A 635		

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A 635	Continued From page 9 Based on interview and record review the Program failed to ensure an operating alarm system was connected to exit doors of a dementia unit for 1 of 1 tenants reviewed (Tenant #1) and potentially affected all tenants in the memory care unit. Findings follow: Record review of Tenant #1's file revealed he was admitted on 3/29/21 with a diagnosis of Dementia. Tenant #1's cognitive assessment dated 2/16/2022 documented a Global Deterioration Score (GDS) of 5 which indicated moderately severe cognitive decline. The service plan noted he would check doors to see if they were able to opened. He wore a safety monitoring watch at all times and was not safe to be unattended outside the Program due to his potential for wandering. The watch remained in place during bathing. He required no assistance with ambulation and would be observed on several occasions in the living room area of the facility adjacent to the main entrance. On 2/28/22 at approximately 6:00 p.m. a neighbor across the street returned Tenant #1 to the Program. It was determined during interviews, staff observed him at approximately 5:30 p.m. seated at the dining room table following supper. The neighbor reported they noticed him in their garage between 5:15 p.m. and 5:30 p.m. The Program is located approximately one half mile from a heavily traveled four lane road. The Program utilized four different alarm systems at the assorted doors and it could not be determined what door Tenant #1 exited out of. The Watcher alarm system used a watch with a battery that each of the 26 tenants wore including Tenant #1. This system was used at all exit doors	A 635		

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A 635	Continued From page 10	A 635		

leading out of the Program. 26 of the 32 tenants living in the Program on the evening of 2/28/22 wore these Watches. If a tenant opened a door leading to the outside of the Program it would sound an audible alarm. All of the alarmed systems would noted on the computer and sent to pagers to alert staff of the alarm. When interviewed, none of the four staff working on the floor on the evening of 2/28/22 reported alerts on their pagers indicating an alarmed door had been breached during the time Tenant #1 eloped.

The employee entrance side door, the outside exit doors A, B, C and D and the main front door used a mag lock type system that required a code entered on the keypad for the door to open. If the door was opened without the code to disarm the door, an alarm would sound and needed to be manually silenced by staff. It also sent notification to the computer and the pagers worn by staff. Staff had the code to this keypad it was not to be given out to family or visitors. Staff interviews revealed a resident's family member had the code to the mag lock door prior to the reported elopement. As a result, the code needed to be changed. The dangers associated with others having the code to the door could result in a tenant following a person out the door before the door has time to rearm.

On 3/09/22 at 3:15 p.m. the Nurse stated Tenant #1's watch was missing its battery on the evening of 2/28/22. She confirmed without the battery, the personal Watcher alarmed monitoring system would not work. The nurse reported she felt he exited the front door without sounding an alarm by following someone out the door before the alarm had a chance to rearm itself. The door exited immediately into a breezeway that would allow a tenant to follow a person out of the

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A 635	Continued From page 11	A 635		

building unnoticed. It could not be determined when Tenant #1's Watch battery was last checked prior to the elopement.

On 3/10/22 at 7:30 a.m. review of the Policy and Procedures on the resident monitoring system Use and Maintenance revealed the resident monitoring system will be inspected and maintained to ensure appropriate functioning at all times. The Resident Monitoring system shall be inspected monthly to ensure it is functioning appropriately. Use the Resident Monitoring System Testing Procedure Checklist to perform this inspection. The completed checklist will be kept in a separate file in the Program for 2 years. Review of the HomeFree System Testing Procedure Checklist revealed the Personal Watcher system was be checked monthly. Staff were to use the Personal Watcher to check that each monitored door functioned properly by having each tenant wearing a Watch approach a monitored door to test for proper function of the Watch.

On 3/10/22 at 11:25 the Administrator confirmed she was not able to find a completed HomeFree System Testing Procedure Checklist but provided a document titled Preventive Maintenance Work Schedule - 2022 document. Noted on the document was, perform the Exit Door Inspection Checklist. Review of the list revealed the exit door inspections were noted as completed on February 7th, February 14th, and February 21, 2022. The inspections were noted as completed every 7 days. The next inspection would have been completed on 2/28/22 the day of the elopement.

On 3/14/22 at 10:09 a.m. interview with Staff C, the former maintenance man, confirmed he was

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A 635	Continued From page 12 not using the HomeFree System Testing Procedure. Staff C said he would check them every 2 - 3 days with a Watch to the door to see that it would alarm. Every morning they checked the battery status on the computer to see that the Watch battery had a sufficient charge. The Watch battery would show on the computer if it needed to be replaced or not. Staff C confirmed he failed to document the alarm system checks or the daily computer system checks. On 3/14/22 at 3:39 p.m. the nurse confirmed these findings.	A 635		

OK 5-3-22

A150

1. Signage to be posted at front entry for family/visitors with education on entry/exit and monitoring for any residents. BFM education given on code distribution to unauthorized individuals.
2. Continued family/visitor and BFM education on code distribution.
3. Maintenance weekly audit to ensure signage remains posted.
4. 3/22/22

A160

1. Completing daily exit door checks each shift. RN to complete daily home free system report.
2. Documentation of door and home free checks. Instillation of Care Predict system to replace home free system.
3. Audit will be completed per RN weekly of review checks.
4. 3/22/22

A350

1. Resident service plan updated to include 60 minute safety checks documented by CMA on quickmar. BFM education and delegation on safety checks.
2. RNC completion of service plan
3. Divisional Director to complete annual audits of service plans
4. 3/16/22

A635

1. Maintenance Supervisor to complete a weekly Exit Door Check Inspection and Monlthy HomeFree System Check. Facility is transitioning to CarePredict and will complete routine equipment checks.
2. Director or Assistant Director to sign off on the weekly & monthly system checks.
3. Management to review reports during monthly safety committee meetings.
4. 3/16/2022