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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 11/01/2023

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 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: 0 Number of tenants with cognitive impairment: 30 Total census: 30 No regulatory insufficiencies were cited during the investigation of Incidents #115785-I and 116547-I. The following regulatory insufficiencies were cited during the investigation of Complaints #115919-C and 116546-C:	A 000	See Attached POC 1/3/24	
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 interview and record review the Program failed to consistently follow the Program's transportation policy. This affected 1 of 1 tenant left on the bus without supervision (Tenant #4). Finding follows: Record review on 11/1/23 revealed the Program's investigation form indicated Staff B failed to deliver Tenant #4 to his residence after an appointment. According to Staff B he picked Tenant #4 up at the dermatologist at 4:00 p.m., returned to the Program, parked the bus at 4:30	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 150	Continued From page 1	A 150		

p.m. and left Tenant #4 restrained in the vehicle. At approximately 6:10 p.m. on 10/3/23 staff noted Tenant #4 had not returned after his appointment. Staff found Tenant #4 on the bus at the other building at approximately 6:10 p.m. The Program failed to account for Tenant #4's whereabouts for approximately one hour and 40 minutes. Staff B admitted he left Tenant #4 on the bus without supervision.

According to the state climatologist the weather in Sioux City on 10/2/23 between 4:30 p.m. - 6:10 p.m. the temperature measured 86-88 degrees Fahrenheit with relative humidity of 33%, clear skies and winds out of the South at 15-16 miles per hour (mph) and gusting to 31 mph.

Additional record review on 11/1/23 revealed Tenant #4 was an 84 year old male with a diagnosis of severe cognitive decline (middle dementia) with a Global Deterioration Scale (GDS) of six.

Continued record review revealed Tenant #4's progress note indicated he complained of cramping and pain to his legs. He was taken to the Emergency Room for possible heat exhaustion and dehydration. Tenant #4 received fluid resuscitation and returned to the Program.

Record review on 11/1/23 revealed the Program's policy/procedure for transportation directed Bickford staff shall not leave a tenant unattended in the vehicle.

Due to illness Staff B was not available for an interview at the time of the investigation. In the statement Staff B provided at the time of the Program's internal investigation he admitted he failed to ensure Tenant #1 returned to his home

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A 150	Continued From page 2 and left him unsupervised on the bus. On 11/1/23 the Director confirmed Staff B failed to consistently ensure tenants were not left unattended in a vehicle.	A 150		
A 175	481-67.3(5) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67/3(5) To receive from the manager and staff of the program a reasonable response to all requests. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure reported bed bugs were addressed in a timely manner. This affected 1 of 2 tenants (Tenants #1). Finding follows: When interviewed on 10/30/23 and 10/31/23 concerned individuals (interviewees) expressed concern regarding the discovery of possible bed bug bites on Tenant #1. The interviewee said she reported the bites/marks to/on Tenant #1 on several occasions (no dates provided) but most recently on 10/20/23. On 10/20/23 the Program confirmed treatment of Tenant #1's room would take place on 10/23/23. The Program failed to offer/make alternative sleeping arrangements for Tenant #1 from 10/20/23-10/23/23. On 11/1/23 at 12:05 p.m. the Program Director confirmed the treatment of two tenant apartments/rooms for bed bugs on 10/23/23. She explained the pest company could not	A 175		

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A 175	Continued From page 3 provide treatment before 10/23/23 and the Program had not contacted additional pest companies. The Director confirmed Tenant #1 stayed in her room from 10/20/23 - 10/23/23 when the pest company completed the treatment.	A 175		
A 556	481-69.30(3)b Dementia-Specific Education for Personnel 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 all staff received eight hours of dementia-specific education annually. This pertained to 1 of 3 staff reviewed (Staff C). Finding follows: Record review on 11/1/23 revealed documentation of 3.5 hours of dementia specific training for Staff C during 2023. During the exit on 11/1/23 the Director confirmed she provided all dementia specific training requested.	A 556		

BICKFORD COTTAGE II SIOUX CITY
PLAN OF CORRECTION

A 150 481.67.2(3) Program Policies and Procedures

Regulatory insufficiency: The program failed to consistently follow the program's transportation policy.

Plan of Correction:
The insufficiencies will be corrected as follows:

- Tenant #4 was evaluated at the ER and continues to reside in community.
- Staff B was re-educated on the transportation policy on 10/4/23

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

- Transport documentation form will be utilized by all staff transporting residents to ensure resident safety.
- Executive Director provided training to all staff who transport residents on the transport documentation form on 1/3/24

The program will monitor performance to ensure compliance as follows:

- Executive Director or designee will complete daily audits of the transportation documentation form X 30 days and then randomly following.
- **Date of deficiencies corrected by**: 1/4/24

A 175 481-67.3(5) Tenant Rights

Regulatory Insufficiency: The program failed to consistently ensure reported bed bugs were addressed in a timely manner and make alternative sleeping arrangements for Tenant #1.

Plan of Correction:
The insufficiencies will be corrected as follows:

- Tenant #1 apartment and health are no longer impacted by bed bugs.

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

- Divisional Director of Health and Wellness provided education on 1/2/24 to the Executive Director and the Health and Wellness Director on relocation of resident during pest control procedures for bed bugs.

The program will monitor performance to ensure compliance as follows:

- The Executive Director and Divisional Director of Health and Wellness with ensure compliance with any further bed bug incidents.

Date of deficiencies corrected by: 1/2/24

A 556 481-69.30(3)b Dementia-Specific Education for Personnel

Regulatory Insufficiency: The program failed to consistently ensure all staff received eight hours of dementia-specific education annually.

Plan of Correction:

The insufficiencies will be corrected as follows:

- Staff C --- completed. Current on all training.

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

- The Executive Director will audit all current employee files to ensure required dementia training has been completed with documentation provided.
- The Executive Director will ensure that all new hires have completed dementia training within 30 days of hire.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Operations will review the next 5 newly hired employees to confirm compliance and will audit employee filles at least annually thereafter for training compliance.

Date of deficiencies corrected by: 1/3/24