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 02/25/2025

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: 25 Number of tenants with cognitive impairment: 25 Total census: 25 No regulatory insufficiencies were cited during the investigation of Complaint #124657-C or Incident #126350-I. The following regulatory insufficiency was cited during the investigation of Complaint #125646-C.	A 000	The POC is attached	
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to update service plans with significant change for 1 of 3 tenants reviewed (Tenant #3). Findings include: On 2/24/25 review of Tenant #3's record revealed	A 360		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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 02/25/2025

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 360	Continued From page 1 a nurse's note dated 12/24/24 documenting a pressure sore on the heel of Tenant #3's right foot that measured 3 x 3 cm (centimeters) that was purple in color with the skin still intact. Tenant #3's physician was notified who then gave orders to paint the bottom of the right foot with betadine once daily and then apply a bootie. Tenant #3 also was noted to have a 2 x 3 cm fluid filled blister that was slightly red around it on the left side of her coccyx area. She was to sit in her recliner 2-3 times daily with her legs up and a pillow positioned under her right leg to take the pressure off of her heel. The physician felt the blister to her bottom was due to friction from her briefs and ordered the Program to apply a comfort boarder Mepilex to the coccyx area every three days until the blister opened. Tenant #3 was also noted to have constipation and the physician gave orders for miralex and senna as needed. Review of Tenant #3's service plan dated 10/24/24 revealed it had not been updated to reflect the changes ordered by the Tenant's physician when the pressure ulcers were identified. On 2/24/25 at 12:59 p.m the Administrator confirmed the service plan had not been updated for Tenant #3.	A 360		

Plan of Correction
Bickford Cottage II Sioux City

A 360 481-69.26 (3) Service Plans
Regulatory Insufficiency: **Program failed to update service plan for a tenant following a significant change.**

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

- Tenant #3 service plan was updated and completed on 3/4/25.

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

- Divisional Director of Health and Wellness will review state regulation 69.26 (3) with Health and Wellness Director.
- Health and Wellness Director is responsible for updating tenant service plans following a significant change.

The program will monitor performance to ensure compliance as follows:

- Executive Director along with the Health and Wellness Director and/or Divisional Director of Health and Wellness will review significant changes of condition to ensure compliance for 60 consecutive days and monthly thereafter.

Date deficiencies corrected by: 3/4/25