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 04/29/2026

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: 1 Number of tenants with cognitive impairment: 20 Total census: 21 No regulatory insufficiencies were cited during the investigation of Mandtory Abuse investigation #130976-I. The following regulatory insufficiencies were cited during the investigation of Complaints #131538 and #131738-C .	A 000	See attached POC 6/9/26	
A 152	481-67.5(2)e(3) Medications 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or PA. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 152		

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

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A 152	Continued From page 1 Program failed to consistently administer medications according to physician's orders. This pertained to 1 of 1 former tenant (Tenant C6) reviewed who received an anti-rejection medication. Finding follows: Record review on 4/29/26 revealed Tenant C6's Medication Administration Record (MAR) for March 2026. Review revealed the Program failed to administer Tenant C6's Tacrolimus .5 mg one capsule by mouth two times a day. Staff failed to administer Tenant C6's Tacrolimus at 8:00 p.m. on 3/14/26 and at 8:00 a.m. and 8:00 p.m. on 3/15/26, 3/16/26, 3/17/26. The MAR noted the following reasons the Program failed to administer Tacrolimus; none to give will reorder, waiting on pharmacy, none here to give, not here, waiting for pharmacy to get order and none to give notified Power of Attorney (POA). Further review revealed the MAR included a task to order Tenant C6's Prograf (Tacrolimus). Record review on 4/29/26 revealed Tenant C6's Service Plan (SP) signed 10/14/25 and 10/15/25. Per the SP the Medication Aide should have notified the Health and Wellness Director (HWD) when C6's had 10 days remaining of Tacrolimus in order to ensure it arrived at the Program to ensure no gap in C6 receiving the medication. Further review revealed the MAR included a task to order Tenant C6's Prograf (Tacrolimus). Staff documented they ordered it on 3/15/26. Staff failed to order the medication ten days prior as directed by the service plan. During an interview on 4/29/26 with Tenant C6's hospice nurse revealed Tenant C6 received hospice services for Alzheimer's. She said the family demanded Tenant C6 continue to receive	A 152		

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A 152	Continued From page 2 Tacrolimus an anti-rejection medication administered to prevent organ rejection after her liver transplant. During the exit on 4/29/26 at 2:30 p.m. the administrative team acknowledged the Program failed to obtain and administer Tenant C6's anti-rejection medication as agreed upon in the service plan.	A 152		
A 237	481-69.23(1)c(1-2) Criteria for Admission and Retention 481-69.23(231C) Criteria for admission and 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: c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention, chronically elopes or is sexually, verbally, or physically aggressive or abusive; or (2) Displays behavior that places another tenant at risk; or This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently discharge tenants who exceeded retention criteria, specifically exhibiting physical aggression placing others at risk. This pertained to 1 of 1 former tenant (Tenant C5) and 1 of 4 tenants (Tenant #4) reviewed. Findings follow:	A 237		

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A 237	Continued From page 3 1. Record review on 4/29/26 revealed the Program failed to address physical aggression that placed others at risk, as evidenced by the following incidents involving Tenant C5: - 11/6/25: Threatened staff with a fist. - 11/8/25: Punched and pushed another tenant, resulting in an emergency room evaluation. - 11/19/25: Grabbed staff and slammed a door against their body (2:58 p.m.); pushed staff into a medication cabinet (3:43 p.m.). - 12/7/25: Entered another tenant's apartment and pushed them into a wall. - 12/31/25: Attempted to hit staff during personal care. - 1/3/26: Pushed staff into a wall and attempted to hit them during personal care. - 1/14/26: Pushed staff into a wall and punched them in the stomach. - 1/16/26: Entered another tenant's room and pushed them to the ground. - 1/23/26: Struck staff in the face. - 1/29/26: Charged, punched, bit, and kicked staff; 911 was called, and the tenant swung at police officers. - 2/2/26: Slapped staff's hand and threw water. - 2/5/26: Punched another tenant; police restrained the tenant before ambulance transport to the hospital. - 2/6/26: Slapped another tenant across the face. - 2/21/26: Kicked and punched one-to-one staff. - 2/23/26: Pulled a chair from under another tenant, causing them to fall and strike their head. - 3/5/26: Struck staff in the head during personal care. Record review on 4/29/26 revealed Tenant C5's Service Plan (SP) signed 2/28/26 documented	A 237		

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A 237	Continued From page 4	A 237		

agitation and physical aggression towards staff and other tenants. The SP indicated Tenant C5 needed assistance to de-escalate behaviors.

Continued record review revealed the Program retrained Tenant C5 until he expired 3/29/26. No record of notice of transfer or request for waiver for retention could be located.

2. Record review on 4/29/26 revealed the Program failed to address physical aggression that placed others at risk, as evidenced by the following incidents involving Tenant 4:
- 1/23/26: Screamed profanity and spit in staff member's face.
- 1/25/26: Slapped hand and pushed staff away during medication administration.
- 1/26/26: Swung walker and spit in staff member's face.
- 2/4/26: Became aggressive when redirected from exit-seeking behavior.
- 2/8/26: Spit at and punched staff.
- 2/14/26: Broke a metal shower rod and attempted to swing it at staff; punched staff during shower.
- 2/19/26: Punched and spit at staff.
- 2/25/26: Punched a tenant who was holding a pillow he wanted.
- 3/2/26: Spit at and hit staff.
- 3/6/26: Spit at staff.
- 3/7/26: Punched staff in the nose and spit throughout his bath.
- 3/10/26: Punched a tenant who attempted to sit in a desired seat.
- 3/16/26: Threw food at staff when a room tray was delivered.
- 3/25/26: Hit staff when redirected from an alarming door; punched, hit, kicked, and smacked staff during bathing, and splashed

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A 237	Continued From page 5 contaminated water in staff member's face. - 4/2/26: Became aggressive while changing clothes. - 4/14/26: Spit at staff. - 4/15/26: Hit staff and threw a walker at them. Record review on 4/29/26 revealed Tenant #4's service plan signed 2/17/26 documented verbal and physical aggression during cares. Tenant #4 had been observed to spit, hit and swing his walker. Continued record review revealed no notice of involuntary transfer issued or request for waiver for retention. 3. During interviews conducted on 4/22/26 at 9:50 a.m., 1:00 p.m., 1:30 p.m., and 3:10 p.m., Staff A, B, C, D, and E confirmed the aggressive episodes involving Tenant #4 and Tenant C5 as described. 4. During the exit on 4/29/26 at 2:30 p.m. the administrative team acknowledged the findings regarding physical aggression towards staff and other tenants.	A 237		

BICKFORD COTTAGE II SIOUX CITY
PLAN OF CORRECTION

481-69.23(1)c(1-2) Criteria for Admission and Retention

Regulatory Insufficiency: The program failed to consistently discharge tenants who exceeded retention criteria, specifically exhibiting physical aggression, placing others at risk. This pertained to 1 of 1 former resident (C6) and 1 of 4 current residents (T4).

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

- C6 no longer resides at Bickford.
- The health and wellness director will reach out to the primary provider for a medication review for tenant 4.
- T4 will be reassessed by the Health and Wellness Director by 6/9/26, and an updated service plan will be created that will include behavioral interventions.
- A 30-day notice will be completed and submitted for approval.
- The Health and Wellness Director will review any resident exhibiting physical aggression on the weekly higher path call with the multidisciplinary team to determine individual interventions to address aggression and/or referral to PCP and Divisional Team to discuss continued residency.

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

- The Health and Wellness Director, Family advocate and the Executive Director will be re-trained on the Admission and Retention Criteria by the Divisional Director of Health and Wellness by June 12th, 2026.
- Residents with aggressive behaviors will be reviewed on the Higher Path Council weekly to determine whether the interventions put in place are effective.
- The executive director and health and wellness director will ensure timely family communication regarding behavioral progression and potential need for transition to a higher care level setting.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Health and Wellness will review documentation and perform observations of residents with noted physical aggression with routine visits throughout the next quarter to ensure compliance with the Admission and Retention Criteria regulations.

BICKFORD COTTAGE II SIOUX CITY
PLAN OF CORRECTION

481-67.5(2)e(3) Medications

Regulatory Insufficiency: The program failed to consistently administer medications according to the physician's orders for 1 of 1 former residents (C6).

Plan of Correction:

The insufficiency will be corrected as follows:

- C6 no longer resides at Bickford.
- The Health and Wellness Director will audit medication supply for all Tenants who do not receive medications from Serviam pharmacy.
- The Health and Wellness director will review the medication Quick MAR dashboard daily during the week to review the medications that have not been administered.

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

- The Divisional Director of Health and Wellness will re-educate the Health and Wellness Director on Bickford's medication policy, including but not limited to the responsibility of the Health and Wellness Director to ensure residents receive medication as ordered by the PCP. Completed by June 12, 2026.
- The health and wellness director will review the medication exception and medication variance report weekly to ensure that all medications are being administered per the provider's orders.
- The medication aides will be educated and instructed to call the Health and Wellness director or the on-call nurse for any medications that are not available immediately. The medication aides will be educated to call the pharmacy if a tenant does not have their medications in the cart.
- The divisional director of health and wellness will review the medication exception report weekly to ensure compliance.
- The Health and Wellness director will review the medication dashboard daily during the week to review the medications that have not been administered.

The program will monitor performance to ensure compliance as follows:

- The Divisional Director of Health and Wellness will review the medication exception and variance reports weekly to ensure compliance.
- The divisional Director of Health and Wellness will educate the incoming Health and Wellness Director on the medication administration