

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IAALP018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/01/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BICKFORD COTTAGE CLINTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1150 13TH AVE N CLINTON, IA 52732</b>		
(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	<p>Initial Comments</p> <p>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.</p> <p>General Population Number of tenants without cognitive disorder: 31 Number of tenants with cognitive disorder: 6</p> <p>TOTAL Census of Assisted Living Program for People with Dementia : 37</p> <p>No regulatory insufficiencies were cited during the investigation into Incident #103591-I.</p> <p>The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.</p>	A 000			
A 160	<p>481-69.23(1)c(1) Criteria for Admission / Retention of Tenants</p> <p>69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:</p> <p>c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who:</p> <p>(1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression</p> <p>This Requirement is not met as evidenced by: Based on interview and record review, the program retained 1 of 4 tenants reviewed who displayed unmanageable verbal abuse and</p>	A 160			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 160	Continued From Page 1  physical aggression (Tenant #2). Findings follow:  Record review of progress notes on 8/31/22 revealed the following entries: - During a safety check on 4/27/22, staff found Tenant #2 incontinent of bowel. When attempting to provide incontinent cares, Tenant #2 became agitated and kicked, hit, scratched, clawed and threw things. Staff received scratches and a skin tear to the left arm. - On 5/8/22, staff entered Tenant #2's apartment and found feces on her floor. As they cleaned up her apartment and attempted to provide incontinence cares, Tenant #2 hit, kicked and then bit herself. - On 5/9/22, Tenant #2 entered another tenant's apartment and called the other tenant a curse word when asked to leave the apartment. - Tenant #2's service plan was updated and additional interventions were put in place to address her behaviors on 5/10/22. She also had a medication change to add Seroquel from once a day to twice daily. - Tenant #2 cussed at staff and drew up her fist during incontinence cares on 6/3/22. - On 7/28/22, Tenant #2 was agitated and restless when walking through the hallway. She was yelling and using profanity. Tenant #2 shoved a visitor. No injuries were sustained by either party. - An 8/18/22 note detailed Tenant #2 continued to be resistant with cares frequently. On 8/14/22 and 8/15/22 she became combative with staff while they attempted to change her out of soiled clothing. On 8/17/22, Tenant #2 was in the dining room for a meal. She became upset and got up from the table. She came up behind another tenant and slapped her in the back of her head (no injuries were noted). - On 8/22/22, Tenant #2 was seated on the toilet and a staff person was removing her soiled clothing. Tenant #1 attempted to hit the staff	A 160			

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A 160	<p>Continued From Page 2</p> <p>person. The staff member raised her arm to block the hit and Tenant #2 then grabbed the staff person's arm and bit it.</p> <p>Record review revealed Tenant #2's service plan, dated 5/10/22, indicated staff were to provide Tenant #2 toileting assistance upon waking, before and after meals, at bedtime and as needed. She was incontinent of urine and bowel. She wore adult briefs at all times. Staff were to give Tenant #2 step by step details of what they were doing and what Tenant #2 needed to do. Tenant #2 did not like to be cold, so staff were to turn on the heat lamp for comfort. Tenant #2 was noted to be very hesitant with the process of toileting and would attempt to pull her pants back up and begin saying "No". She would push staff's hands away and staff were to try singing or talk about horses or family. If the behavior escalated, staff should let Tenant #2 be and re-attempt the care after 10-15 minutes. Tenant #2 did have medication available if the interventions were not effective. If Tenant #2 continued to refuse, a second staff could be called in to complete the task. The episodes were increasing in frequency. Staff were to come into Tenant #2's apartment alone to complete the initial attempt so as not to overwhelm her.</p> <p>On 8/30/22 at 2:45 PM, Staff A reported Tenant #2 became combative with cares. She would bite, kick and throw punches at staff at least one time per day.</p> <p>On 8/30/22 at 3:10 PM, Staff B stated Tenant #2 refused most cares staff attempted to provide to her, a behavior which was getting worse over time. Tenant #2 would kick, scream, bite, curse and swing her arm at staff. Staff B reported this occurred about one time per shift.</p>	A 160			

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A 160	Continued From Page 3  On 8/31/22 at 11:00 AM, the Director confirmed Tenant #2 displayed physical and verbal aggression despite interventions..		A 160		

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