

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IAALP023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/08/2022</b>
NAME OF PROVIDER OR SUPPLIER <b>BICKFORD COTTAGE IOWA CITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3500 LOWER W BRANCH RD IOWA CITY, IA 52245</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	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: 22  Number of tenants with cognitive impairment: 13  Total census: 35  No regulatory insufficiencies were cited during the investigation of Complaint #108743-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000			
A 545	481-69.30(1) Dementia Specific Education for Personnel  69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.  This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all personnel received eight hours of dementia-specific training within 30 days of employment. This pertained to 2 of 3 Staff (Staff A and B). Finding follows:  Record review on 11/8/22 revealed Staff A was	A 545			

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 545	Continued From Page 1  hired 3/16/22. Continued review revealed she completed hours of dementia training by 4/16/22.  Record review revealed Staff B was hired 3/30/22. Continued review revealed she completed only 5.5 hours of the required eight hours of dementia-specific training with 30 days of employment.  When interviewed on 11/8/22 at 11:35 a.m. the Program Director explained the Program's system for recording the training had been compromised but could not provide additional information to support the two staff had completed the required training.	A 545			

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