

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/30/2021
NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE II SIOUX CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 4022 INDIAN HILLS DR SIOUX CITY, IA 51108		
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A 000	<p>Initial Comments</p> <p>Assisted Living Programs for People with Dementia are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 34</p> <p>TOTAL census of Assisted Living Program for People with Dementia: 34</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for people with Dementia.</p> <p>No regulatory insufficiencies were cited during the investigation of Complaints #92962-C and #93151-C or the onsite infection control survey.</p>		A 000	POC ok 2/14/22
A 380	<p>481-67.9(6) Staffing</p> <p>67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide the required two hours of dependent adult abuse training within 6 months of employment for 3 of 7 staff reviewed (Staff A, Staff B, and Staff C). Findings follow:</p> <p>Record review of staff files on 9-21-21 revealed the following:</p>		A 380	<ol style="list-style-type: none"> 1. Staff hired new or existing will complete dependent adult abuse training within 6 months of employment. 2. Administration shall complete a new hire checklist. 3. Administration will meet to approve new hire file compliance or employee will not be allowed to work on the floor. They will audit 5% of personnel files quarterly. 4. corrected by 2/14/2022 and ongoing.

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

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A 380	<p>Continued From page 1</p> <p>1. Staff A was hired 12-4-2020. No dependent adult abuse training could be located.</p> <p>2. Staff B was hired 9-21-2020. No dependent adult abuse training could be located.</p> <p>3. Staff C was hired 4-17-2020. No dependent adult abuse training could be located.</p> <p>The Director confirmed these findings on 9-21-21 at 3:47 p.m.</p>	A 380		
A 400	<p>481-67.19(3) Record Checks</p> <p>67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete criminal, child, and dependent adult abuse background checks prior to employment for 2 of 7 staff reviewed (Staff A and Staff C). Findings follow:</p> <p>Record review of staff files on 9-21-21 revealed the following:</p> <p>1. Staff A was hired 12-4-2020. A Single Contact License and Background Check was completed 12-7-2020.</p>	A 400	<ol style="list-style-type: none"> 1. Prior to employment we shall request a criminal history check and perform child and dependent adult abuse record checks. 2. Administration shall complete new hire checklist. 3. Administration will meet to approve new hire file compliance or employee will not be allowed to work on the floor. They will audit 5% of personnel files quarterly. 3. Correction date 10/1/2021 and ongoing. 	

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A 400	<p>Continued From page 2</p> <p>2. Staff C was hired 4-17-2020. A Single Contact License and Background Check for criminal history was completed 4-15-2020. The Program failed to request a child and dependent adult abuse record check prior to employment.</p> <p>The Director confirmed these findings on 9-22-21 at 9:14 a.m.</p>	A 400		
A 155	<p>481-69.23(1)b 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>b. Requires routine, two-person assistance with standing, transfer or evacuation</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the Program failed to ensure tenants continued to meet criteria for retention of an assisted living program for people with dementia. The Program retained tenants who routinely required the assistance of at least two staff with standing, transfer, or evacuation. This pertained to 2 of 4 current tenants reviewed (Tenant #1 and Tenant #2) and 1 of 4 discharged tenants reviewed (Tenant #C1). Findings follow:</p> <p>1. Observations on 9-22-21 revealed Tenant #1 seated on the edge of his bed with his walker in front of him. The Registered Nurse Coordinator (RNC) placed a gait belt around his waist and Staff F stood on Tenant #1's right side. Staff F encouraged Tenant #1 to stand and lifted him with</p>	A 155	<p>69.23- The following measures have been taken to ensure this does not recur:</p> <ol style="list-style-type: none"> 1. The re-education of admission and retention of residents with Directors and RNs. 2. Assessments to be completed by RN prior to admission or readmission to Bickford. 3. The divisional director of resident services to complete annual audit regarding admissions and retention of residents 4. Completed 10/15/21. 	

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A 155	<p>Continued From page 3</p> <p>the gait belt. He attempted to stand and then sat back down on the bed. Staff F encouraged him again to stand and lifted again with the gait belt as he attempted to stand and was successful. This surveyor asked him if he wanted to walk to his recliner that was about four feet away. He agreed and walked about two feet with a slow shuffled and unsteady gait. Staff F held the gait belt and the RNC monitored his balance and held out her arms when he became unsteady after walking almost 2 feet. She got his wheelchair and asked him to sit down before he was able to walk to the recliner.</p> <p>Record review on 9-22-21 of Tenant #1's Service Assessment dated 9-17-21 revealed his ambulation decreased during a hospital stay and was previously independent with a walker. He walked with a leaned over stature due to scoliosis and poor posture. He required a high back chair that could be tilted for comfort and safety for leaning. He required assistance to sit up on the side of his bed due to decreased core body strength. He required intermittent assistance of two staff to get up due to increased weakness. A gait belt and/or a pivot disc could be used if needed. He had a history of falls due to a brain injury and cognition concerns that required extra time for him to process instructions.</p> <p>Staff C stated on 9-22-21 at 10:47 a.m. she stated Tenant #1 required two staff for all transfers and 1-2 staff for dressing.</p> <p>The RNC stated on 9-22-21 at 3:18 p.m. during the observed transfer of Tenant #1, she felt it was not safe for Tenant #1 to continue standing and did not want him to fall.</p> <p>Staff F stated on 9-22-21 at 3:23 p.m. this was</p>	A 155		

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A 155	<p>Continued From page 4</p> <p>the first time she worked with Tenant #1. She stated she felt she could transfer Tenant #1 by herself but mostly worked as the medications aide and would not be responsible for his daily hands on care.</p> <p>Staff G stated on 9-22-21 at 3:34 p.m. she attempted to transfer Tenant #1 by herself and he was unable to pivot himself into the wheelchair. She stated she required assistance to transfer him into his wheelchair.</p> <p>Staff E stated on 9-22-21 at 3:43 p.m. she attempted to transfer Tenant #1 by herself but required assistance to do it.</p> <p>Observations on 9-23-21 at 8:22 a.m. revealed Tenant #1 laying in bed. Staff D placed a pivot disc on the floor in front of Tenant #1. Staff D and Staff E stood on each side with their arms under his arms and lifted him into his wheelchair.</p> <p>Staff D stated on 9-23-21 at 8:22 a.m. she tried to transfer Tenant #1 by herself but required assistance to do it.</p> <p>2. Record review on 9-22-21 of Tenant #2's Progress Notes dated 9-21-21 documented he returned from a hospital stay due to a fracture of his lower left leg. He required a 1:1 home health caregiver upon return to ensure he didn't try to get up and walk. He was not to bear weight on this leg and due to his cognitive decline, he would not understand the instructions to keep weight off of his leg. A gait belt and slide board could be used for transfers if needed.</p> <p>Record review on 9-29-21 of the home health agency Activities Form revealed he required two staff for all transfers due to non-weight bearing</p>	A 155		

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A 155	<p>Continued From page 5</p> <p>instructions on left leg. He required 1:1 supervision to ensure he stayed off of his leg and noted to be impulsive and may try to stand on his own. He also required two staff assistance when toileting. A home health aide would be provided from 3:00 p.m. to 6:00 or 7:00 a.m.. Family also provided assistance with supervision.</p> <p>On 9-23-21 at 10:48 a.m. the nurse from the home health agency confirmed Tenant #1's care plan was developed from the information given to them from the Program and he required the assistance of two staff for transfers.</p> <p>On 9-21-21 at 9:59 a.m. Staff H stated Tenant #2 could not bear weight and required two staff for transfers.</p> <p>On 9-22-21 at 10:47 a.m. Staff C stated Tenant #2 required 2 staff for all transfers because he could not bear weight on the leg he had surgery on.</p> <p>On 9-22-21 at 1:14 p.m. the RNC confirmed Tenant #2 required staff assistance for transfers due to a fractured leg and was not to bear any weight on it. She stated a home health aide and family provided 1:1 assistance 24 hours per day.</p> <p>On 9-22-21 at 3:43 p.m. Staff E stated Tenant #2 required two staff for transfers.</p> <p>3. Record review on 9-22-21 of discharged Tenant #C1's Service Assessment dated 10-28-2020 revealed she required assistance of 1-2 staff for transfers and toileting due to a recent stroke.</p> <p>On 9-21-21 at 9:59 a.m. Staff H stated Tenant</p>	A 155		

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A 155	<p>Continued From page 6</p> <p>#C1 received hospice care and required two staff for transfers.</p> <p>On 9-22-21 at 10:47 a.m. Staff C stated Tenant #C1 received hospice care and required two staff for transfers until she passed away.</p> <p>On 9-22-21 at 3:34 p.m. Staff G stated she attempted to transfer Tenant #C1 by herself but it strained her back because Tenant #C1 was very stiff and difficult to move. She stated it was an "unspoken rule" to use two people to transfer when the service plans stated a person required intermittent 1-2 staff for transfers.</p> <p>On 9-30-21 at 11:00 a.m. the RNC stated she felt these tenants required intermittent assistance from 1-2 staff for transfers and felt they met criteria to remain as long as they were a one person transfer once in a while.</p>	A 155		
A 545	<p>481-69.30(1) Dementia Specific Education for Personnel</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide eight hours of dementia training within 30 days of employment for 2 of 7 staff reviewed (Staff B and Staff C). Findings follow:</p>	A 545	<ol style="list-style-type: none"> 1. All employees will receive 8 hours dementia specific education and training within 30 days of employment. 2. Administration shall ensure all employees provide documentation of 8 hours of dementia training by the 30th day of employment. 	

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A 545	<p>Continued From page 7</p> <p>Record review of staff files on 9-21-21 revealed the following:</p> <p>1. Staff B was hired 9-21-2020. 2.25 hours of dementia training was completed by 10-21-2020. No further dementia training within 30 days of employment could be located.</p> <p>2. Staff C was hired 4-17-2020. 6.25 hours of dementia training was completed by 5-8-2020. No further dementia training within 30 days of employment could be located.</p> <p>The Director confirmed these findings on 9-21-21 at 3:47 p.m.</p>	A 545	<p>3. Administration will meet to approve new hire file compliance or employee will not be allowed to work on the floor. They will audit 5% of personnel files quarterly.</p> <p>4. Correction date 2/14/2022 and ongoing.</p>	