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
	S0455	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRDEE COTTAGE AL & MC	2221 FAIRWAY LANE WATERLOO, IA 50701

(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. Tenants without cognitive impairment: 3 Tenants with cognitive impairment: 14 Total census: 17 The following regulatory insufficiency was cited during the investigation of Complaint #127410-C.	A 000	See attached POC 12/3/2025	
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop an individualized service plan based on the identified preferences for 1 of 3 tenants reviewed (Tenant #1). Finding follows: Record review on 9/16/25 revealed Tenant #1's Service Plan, dated 5/24/25 failed to include her preferred use of alcohol and physician recommendation to titrate off of the substance. Continued review of Cognitive Assessments dated 5/24/25 and 7/30/25 noted a Global Deterioration Score of 4 which indicated moderate cognitive impairment.	A 395		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 395	Continued From page 1 When interviewed on 9/16/25 at 2:46 p.m., the Director confirmed Tenant #1 preferred to have vodka and diet Pepsi. Tenant #1's son provided the alcohol and instructed the Program to notify him when she needed more. The son mentioned he believed she drank regularly but did not have any problems as far as he knew. The Director mentioned the family provided minimal information on her history and reported they were not close. She said Tenant #1 began having some mental health symptoms possibly due to her new environment and began to see a provider. The provider indicated the alcohol may be a factor and developed a plan to titrate Tenant #1 off of the alcohol. She no longer drank alcohol or asked for it. The Director confirmed she failed to add the alcohol consumption to Tenant #1's service plan and the subsequent titration. .	A 395		

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
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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. Tenants without cognitive impairment: 3 Tenants with cognitive impairment: 14 Total census: 17 The following regulatory insufficiency was cited during the investigation of Complaint #127410-C.	A 000	**Birdee Cottage – Corrective Action Plan** **Citation:** 481–69.26(4) Birdee Cottage acknowledges the finding that the tenant's individualized service plan (ISP) did not include her alcohol use preference or the provider's recommendation to titrate her off alcohol. **Corrective Action Taken** • Tenant #1's ISP was not immediately updated because her alcohol consumption had ended prior to this visit **System Changes to Prevent Recurrence** 1. **Revised Assessment Process** A new *Substance Use Screening (see attached Addendum A)* section will be added to the Occupancy Agreement within 30 days of approved correction plan, to ensure any alcohol or substance use is identified and documented at time of move-in 2. **Mandatory ISP Updates for Substance Use** Any reported or observed alcohol use or provider instruction related to substance use will be added to the ISP within 72 hours 3. **Improved Provider Communication Protocol** If provider recommendations titrate care or anything regarding substance abuse, it will be logged in the ISP **Conclusion** These actions strengthen our assessment, documentation, and communication processes to ensure all tenant preferences and provider recommendations are consistently reflected in service plans, preventing this issue from occurring again.	
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