IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51585-I

June 4, 2015

Ms. Jill Colling, Director
Bickford Cottage I
4020 Indian Hills Drive
Sioux City, IA 51108

RE: Final Complaint/Incident Investigation Report – Bickford Cottage I, Sioux City, IA

Dear Ms. Colling:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 19 - 21, 2015, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69.

The following allegation was investigated in regards to Incident #51585-I:
Allegation: Staffing
Findings: Unsubstantiated
Comments: Based on tenant file review, staff interviews, policy reviews, review of incident reports, staff schedules, observation, tenant interview and review of staff training, it could not be determined that issues with staffing were related to the tenant's falling in the bathroom. Schedule review revealed there were three staff working at the time of the incident. Staff interviews revealed staff were with Tenant #1 just prior to the fall. Staff reported they stepped out of the bathroom to get the oxygen concentrator tubing to change from the tank the tenant was wearing at the time of the incident to the concentrator. Staff reported as they rounded the corner in the Tenant's room, the Tenant fell. Staff interviews revealed, there were no signs or symptoms that would indicate the Tenant was short of breath or dizzy prior to the fall. Incident report review revealed Tenant #1's last fall occurred on 12/09/14. Service Plan review dated 10/16/2014 revealed Tenant #1 was able to be up in his/her room with the walker and also able to toilet him/herself independently at times. Personnel file review revealed staff were trained on oxygen use and transfers.

No Regulatory Insufficiencies were identified.

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0006	A. BUILDING: _____ B. WING _____	C 05/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE I SIOUX CITY	4020 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	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site visit. General Population Program Number of tenants without cognitive disorder: 34 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 38 TOTAL census of Assisted Living Program: 38 No regulatory insufficiencies were cited during the investigation of Incident #51585-I.	A 000		

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