IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 52777-I

June 4, 2015

Ms. Jill Colling, Director
Bickford Cottage II
4022 Indian Hills Drive
Sioux City, IA 51108

RE: Final Complaint/Incident Investigation Report – Bickford Cottage II, 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 #52777-I:

Allegation: Tenant Rights
Findings: Unsubstantiated
Comments: Based on tenant file review, staff interviews, policy reviews, incident report review, review of the staff schedules, observation, tenant interview and review of staff training on the Dependent Adult Abuse reporting requirements, it could not be determined the tenants had been handled roughly by a former staff person. Based on the lack of immediate reporting of the alleged mistreatment of a tenant, it was difficult to determine if the mistreatment had occurred. There were no known injures and the tenants were not able to contribute to the investigation as a result of their cognitive decline and the lack of immediate reporting. Given the late reporting by the immediate staff who allegedly witnessed the mistreatment of tenants, an assessment of their condition at the time of the alleged occurrence had not been possible. There were no eyewitnesses to interview. Given the staffing patterns of the Program, the alleged perpetrator worked directly with the only known eyewitness to the allegations. As noted in the Program's abuse reporting policy, staff were trained to report suspected dependent adult abuse immediately. As a result of their failure to report, both staff have been reprimanded. Staff also failed to document the allegations noting the date, the

time of the occurrence, position of the alleged perpetrator and the alleged victim and what exactly happened. Follow up with the witnesses revealed inconsistent reports of what each had seen and when. Both witnesses were unsure of the date and the time of the alleged occurrences. In addition, both staff discussed the alleged actions of the alleged perpetrator that had allegedly occurred on each of their shifts prior to reporting the incidents to their supervisor.

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
	S0063	A. BUILDING: _____ B. WING _____	C 05/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE II SIOUX CITY	4022 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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 8 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site: 23 TOTAL census of Assisted Living Program: 23 No regulatory insufficiencies were cited during the incident investigation of Incident #52777-I.	A 000		

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