IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 53056-I

August 19, 2015

Ms. Cindy Egdorf, Director
Bickford Cottage Fort Dodge
1536 20th Avenue North
Fort Dodge, IA 50501

RE: Final Complaint/Incident Investigation Report – Bickford Cottage Fort Dodge, Fort Dodge, IA

Dear Ms. Egdorf:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 17, 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 Program reported to the department a tenant was missing one narcotic pill.
Based on observations, staff and tenant interviews, review of tenant files, review of the internal investigation, policies, and narcotic records, a violation of tenant rights could not be substantiated.

Allegation – Tenant Rights
Findings- Not Substantiated
Comments – On 4-9-15 at the end of the day shift, two staff members were completing the narcotic count. The count was interrupted but determined to be correct. At the end of the evening shift, two staff members were completing the narcotic count and one hydrocodone was missing for one tenant. There were 83 tablets in the bottle when there should have been 84. The Program conducted an internal investigation including the review of other tenants who received narcotics. There were no other discrepancies for narcotics. A search was done for the pill and it was not located. The police department was notified but there was no further action taken on the part of the police department. The Program re-educated the staff on the narcotics procedure. Staff underwent drug testing which was negative. The Program contacted the tenant's pharmacy to bill the Program for the missing medication.

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
	S0008	A. BUILDING: _____ B. WING _____	C 08/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE FORT DODGE	1536 20TH AVENUE N FORT DODGE, IA 50501

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 34 TOTAL census of Assisted Living Program: 34 No regulatory insufficiencies were cited during the investigation of Incident #53056-I.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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