IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 54835-I

September 15, 2015

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

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

Dear Ms. Colling:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of September 2 and 3, 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 was investigated in regards to incident #54835-I:

Allegation: Staffing.
Findings: Not substantiated
Comments: Based on observations, staff interviews and review of discharged files, incident reports and program policies, it could not be determined the tenant's elopement could have been prevented. Incident report review revealed Tenant #1 had no history of this behavior. Observations revealed the methods used to secure the window had been in effect for 16 years without an incident of this nature. On the day of the elopement, schedule review revealed that on August 21, 2015, there were a total of eight staff working the floor with a total of 26 tenants.

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 09/03/2015

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: 0 Number of tenants with cognitive disorder: 26 Total Population of Program at time of on-site: 26 TOTAL census of Assisted Living Program: 26 No regulatory insufficiencies were cited during the investigation of Incident #54835-I.	A 000		

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