IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
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Des Moines, IA 50319-0083
(515) 281-4115 Phone
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

January 11, 2016

Incident Intake #: 55995-I

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

RE: Final Incident Investigation & Recertification Monitoring Evaluation Report – Bickford Cottage II Sioux City, Sioux City, IA

Dear Ms. Colling:

Enclosed is the **Final Incident Investigation & Recertification Monitoring Evaluation Report** 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.

Based on staff interviews, review of tenant files, discharged files, incident reports, program policies, the following was found:

1. Staffing
   Comments: Program staff responded to the tenant's fall appropriately. Program staff assessed the tenant's vital signs, range of motion, and pain. The tenant yelled and complained of pain in leg, however, this was not unusual behavior for him/her. Program staff notified the Program nurse and called an ambulance. Program staff assisted the tenant to a chair and noticed at that time that his/her leg rotated in and the tenant did not bear weight on the leg. The tenant ambulated independently prior to the incident.
   Findings: Unsubstantiated

No Regulatory Insufficiencies were found during this evaluation.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0063** with effective dates of **February 4, 2016** through **February 3, 2018.**

If you have any questions in regard to this certification, 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 12/23/2015

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. Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 27 Total Population of Program at time of on-site: 28 TOTAL census of Assisted Living Program: 28 A recertification visit and incident investigation #55995-I were conducted at the Program on 12/21/15 - 12/23/15. No regulatory insufficiencies were written as a result of the recertification or investigation.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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