IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #: 59456-I**
**58749-I**
**58734-C**

May 9, 2016

Ms. Kris Trotter, Director
Bickford Cottage Cedar Falls
5101 University
Cedar Falls, IA 50613

**RE: Final Complaint/Incident Investigation Report – Bickford Cottage Cedar Falls, Cedar Falls, IA**

Dear Ms. Trotter:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 28 & May 2, 2016, 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 allegations were investigated in reference to 58734-C and 58749-I:

1. Allegation – Service Plans/Staffing
   Findings – Not Substantiated
   Comments: Based on observations, staff interviews, a review of the tenant file including hospital records, a review of the internal investigation including interviews, and a review of police records, the following was noted: It was reported a tenant who resided at the assisted living program may have been the victim of abuse. The Program staff, as mandatory reporters of suspected dependent adult abuse, followed regulations in reporting the possible abuse. Using the preponderance of the evidence standard as establish by law, it could not be determined abuse occurred. The Program took the possibility of abuse seriously and began an internal investigation. The police were notified.

   When an incident occurs at an assisted living program, the monitor also looks for compliance with assisted living regulations. In this case, service plan regulations regarding meeting the needs of the tenant and staff providing the cares and meeting the needs identified, were reviewed. The Program was found to be in substantial compliance with the regulations and no insufficiencies were cited.

The following allegation was investigated in reference to #59456-I:

1. Allegation – Service Plans/Level of Care
   Findings – Not Substantiated
   Comments: Based on a review of the tenant file, a review of the internal investigation including interviews, the incident report, and staff interviews, the following was noted: The Program reported a tenant sustained a fractured arm. The service plan met the needs of the tenant, the staff provided cares per the service plan, and the staff had received training to care for the tenant. The fractured arm was determined to be accidental. The tenant did not exceed criteria for retention in an assisted living program. The Program was found to be in substantial compliance with the regulations and no insufficiencies were cited.

**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 |
|---|---|---|---|
| | S0028 | A. BUILDING: _____ B. WING _____ | C 05/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BICKFORD COTTAGE CEDAR FALLS | 5101 UNIVERSITY CEDAR FALLS, IA 50613 |

| (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<br><br>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.<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 24<br>Number of tenants with cognitive disorder: 16<br>Total Population of Program at time of on-site: 40<br><br>TOTAL census of Assisted Living Program: 40<br><br>No regulatory insufficiencies were cited during the investigation of Incident # 59456-I and 58749-I, and Complaint #58734-C. | A 000 | | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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