

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/29/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16G113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>10/13/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOSAIC-217 MAPLE AVENUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>217 MAPLE AVENUE NEVADA, IA 50201</b>
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W 000	<p><b>INITIAL COMMENTS</b></p> <p>Investigation 96808-I was completed from 10/11/21 to 10/13/21. As a result of the investigation the facility was cited standard level deficiencies at W153 and W267.</p> <p>Investigation 98449-I was completed from 10/12/21 to 10/13/21. As a result of the investigation the facility was cited standard level deficiencies at W153 and W 267.</p> <p>A Focused Infection Control Survey was also completed as the same time. There were no deficiencies cited as a result of the survey.</p>	W 000	<p>Facility closed 11/8/21</p>	
W 153	<p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to consistently ensure all allegations of mistreatment were reported immediately to the administrator. This affected 3 of 3 clients involved in 96808-I and 98449-I (Client #1, Client #2 and Client #6).</p> <p>Findings follow:</p> <p>1. Record review on 10/11/21 revealed Direct Support Supervisor (DSS) wrote an incident</p>	W 153	<p><b>W153 STAFF TREATMENT OF CLIENTS</b></p> <p>The facility will ensure that all allegations of mistreatment, neglect or abuse as well as injuries of an unknown source, are reported immediately to the administrator or to other officials in accordance with state law through established procedures. Specifically, the facility will ensure all staff are trained and accountable to Mosaic's policy on Abuse, Neglect, and Exploitation. This will be monitored by Direct Support Supervisors through routine observations in the home.</p> <p>Person(s) Responsible: Program Manager</p>	02/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Brandi Bretthauer**

DN: cn=Brandi Bretthauer, o, ou,  
email=brandi.bretthauer@mosaicinfo.org, c=US  
Date: 2021.11.04 08:37:26 -0500

TITLE

Executive Director

(X8) DATE

11/4/21

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 153	<p>Continued From page 1</p> <p>report (GER) dated 5/26/20. The GER indicated when Client #3 paced in and out of the living room to the backyard Direct Support Professional (DSP) C called the client a "(expletive) moron" and later said "Jesus Christ" as she was frustrated by the client's pacing. The DSS completed the report based on witness reports from DSP A and DSP B. The GER further indicated an investigation was initiated on 5/27/21.</p> <p>Record review on 10/11/21 revealed Direct Support Professional (DSP) A wrote an (GER) dated 5/28/20 which indicated two staff (DSP C and DSP D) made a song which mocked Client #1. DSP A revealed she became aware of the song when DSP C and DSP D played it for her. Further review of the incident report revealed DSP A was shown the song on approximately 5/7/21 (3 weeks earlier), but failed to report it.</p> <p>Record review of another incident on 10/11/21 revealed a (GER) dated 5/28/20. The report indicated Client #2 was listening to music in the living room and his tongue hung out of his mouth. DSP C then told the client to put his tongue in his mouth or she would cut it off. The document further revealed DSP D joined in and both staff laughed. The report indicted the incident took place on 5/25/20 and was reported on 5/27/20.</p> <p>Record review of a facility investigation completed on 6/2/20 revealed it was confirmed DSP C and DSP D mistreated multiple individuals in the home when they were subjected to verbal abuse and personal degradation. The facility investigation revealed several staff were interviewed and reported numerous additional instances when DSP C and DSP D made fun of</p>	W 153		
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W 153	<p>Continued From page 2</p> <p>clients, swore at clients and called them inappropriate names they failed to report. The investigation indicated staff reported these allegations weeks after they happened and only reported them when interviewed for the current investigation. The report indicated staff alleged DSP C and DSP D called clients "morons, (expletive) morons and crackheads" on regular basis. The report alleged in one instance DSP C and DSP D yelled at Client #1 who asked for a pop and told her to "Stop (expletive) talking, we're talking" as they talked at the dining room table.</p> <p>Record review revealed DSP A, DSP B, DSP F and DSP G were all provided a written warning for failure to immediately report suspected or alleged abuse of people supported. All four warnings confirmed staff failed to report at least one incident of suspected abuse to their supervisor immediately after they witnessed it. The review further revealed DSP C and DSP D were terminated on 6/5/20 as a result of the investigation.</p> <p>When interviewed on 10/12/21 at 2:22 p.m. the Direct Support Supervisor (DSS) stated the investigation started on 5/26/20 when DSP A and DSP B reported they heard DSP C and DSP D calling Client #3 a "(expletive) moron" several times. She stated once Mosaic started an investigation several staff reported numerous other allegations (see above) regarding DSP C and DSP D. The DSS confirmed several DSPs were then provided written warnings because they failed to report the abuse they witnessed immediately after they witnessed it and waited until the 5/27/20 investigation to report what they witnessed.</p>	W 153		
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W 153	<p>Continued From page 3</p> <p>2. Record review on 10/12/21 revealed a facility investigation initiated 2/2/21. The investigation revealed DSP H responded to an email from Human Resources sent to thank her for joining the Mosaic team (she was employed 1 month). DSP H responded and indicated she witnessed several employee interactions with clients which made her uncomfortable. Mosaic immediately started an investigation and DSP H informed them of at least four incidents where she felt uncomfortable with a co-workers conduct towards clients. The investigation revealed the first incident occurred on 1/8/21 where DSP H alleged she witnessed DSP E kicked Client #6 after he spit on her. The DSP further noted DSP E slammed a door in the client's face, restricted his movement and yelled at him. The investigation further indicated DSP H reported the allegation to her Direct Support Supervisor (DSS) on 1/9/21. The supervisor discussed the allegations with DSP H, but failed to report the allegations to an administrator. The investigation further revealed DSP H witnessed DSP E take Client #1's food from her during dinner on approximately 1/22/21 after she ate only 25% of her meal. DSP H reported DSP E did this because the client was not cooperative during the meal. DSP H reported a similar incident on 2/1/21 with Client #2 on the a.m. shift which involved DSP E. Later on 2/1/21 DSP H alleged DSP I was rude to Client #2 as he struggled to eat dinner and told him to "Open your (expletive) mouth."</p> <p>Record review confirmed DSP H and the DSS were both written up for failure to report allegations of abuse immediately as outlined in agency policy. The DSS written warning also indicated she failed to perform key responsibilities</p>	W 153		
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W 153	<p>Continued From page 4</p> <p>which included being available at the home for training with new employees (such as DSP H on 1/8/21) and other concerns.</p> <p>When interviewed 10/13/21 at 10:25 a.m. the DSS confirmed DSP H had spoken to her about her concerns from 1/8/21 on 1/9/21. The DSS stated DSP H only told her about DSP E having kicked Client #6, but not about the door being slammed, the client movement being restricted or being yelled at. She stated when she talked with DSP H, the DSP agreed DSP E could have just been being playful and only gently tapped Client #6 rather than kicking him more aggressively. The DSS assumed then the incident was resolved and told the DSP to report any future concerns she had.</p> <p>When interviewed on 10/13/21 at 9:00 a.m. DSP H stated she contacted the DSS on 1/8/21 about the allegations, but she indicated she was unavailable and told her they needed to talk the next day (1/9/21) when she came to work. The DSP stated she told on the DSS on 1/9/21 about how DSP E kicked Client #6 and it wasn't playful. She indicated the kick was not full force, but forceful enough to hurt the client and was totally inappropriate. She stated she kicked the client after he spit on her and tried to hit her. She remembered the DSS tried to ask her if the kick was playful and she clearly told her it was not playful. DSP H stated after she spoke with her supervisor she felt nothing would be done about it and wasn't sure who else to talk to about it. She decided on 2/1/21 when she received an email from Human Resources which inquired about her co-workers and supervisor she reported the allegations and finally someone listened to her. When asked why she failed to report the incident</p>	W 153		
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W 153	Continued From page 5 from 1/22/21 where DSP E took Client #1's food, she stated because she felt the supervisor would not do anything about it. She stated she had spoken to other employees who said that was just the way it was at Mosaic.  3. Record review revealed the facility's policy directed "Employees and Independent contractors will demonstrate dignity and respect to people served in their homes and communities." Additionally, "Employees will use professional language (no profanity) while in the presence of people served."  Additional record review revealed the Mosaic policy regarding abuse reporting indicated any employee who observes or suspected abuse or mistreatment of a person served shall intervene immediately on the person's behalf to ensure safety and then report the incident immediately. The policy further noted failure to report the incident is considered neglectful and will lead to disciplinary action.  4. When interviewed on 10/13/21 at 3:30 p.m. the Associate Director confirmed agency policy required staff to report all allegations of suspected abuse immediately. She confirmed several staff were disciplined for failure to report as required during both investigations (96808-I and 98449-I).	W 153			
W 267	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)  The facility must develop and implement written policies and procedures for the management of conduct between staff and clients.	W 267	W267 CONDUCT TOWARD CLIENT Please see next page.		

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W 267	Continued From page 6  This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure policies regarding conduct between staff and clients were consistently implemented as written. This affected at 4 of 5 current residents in the home (Client #1, Client #2, Client #3 and Client #4) and one client who no longer lived in the home (Client #6). Findings follow:  1.  Record review of a facility investigation initiated on 5/26/21 (for incident 96808-1) and completed on 6/2/20 confirmed Direct Support Professional (DSP) C and DSP D mistreated Mosaic clients and subjected them to verbal abuse and personal degradation. The investigation found on 5/26/20 when DSP C observed Client #3 as he walked in and out of the back door of the house she stated "What a (expletive) moron" and "Jesus (expletive) Christ he can't make up his own mind". Later at 4:00 p.m. while DSP C talked with DSP D at the dining room table Client #1 asked for her soda pop when both DSP's yelled at the client and one said "Stop (expletive) talking, we are talking." This was witnessed by DSP A and DSP B. The investigation indicated the 5/26/20 allegations were the initial allegations which started the investigation. The report revealed during the investigation additional concerns were raised about interactions of DSP C and DSP D with the individuals served. Other allegations staff reported were DSP C and DSP D teamed up on Client #2 and told him if he didn't put his tongue back in his mouth they would cut it off. After one staff threatened "yeah, we'll cut off your tongue" the other staff said. This was seen and heard by	W 267	W267 CONDUCT TOWARD CLIENT The facility will develop and implement written policy and procedures for the management of conduct between staff and clients. The facility will ensure policies are consistently implemented as written. Specifically, the facility will ensure accountability to Mosaic's Respectful Interactions and Treatment policy. This will be monitored by Direct Support Supervisors through routine observation in the home.  Person(s) Responsible: Program Manager	02/15/21	

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W 267	<p>Continued From page 7</p> <p>DSP A and DSP B. Other allegations indicated staff heard DSP C tell Client #3 "get the fuck away from me" at some point before 5/26/20. DSP A and DSP F confirmed they heard DSP C and DSP D referred to clients as "assholes and crackheads". This included Client #4 according to DSP F. DSP G indicated she heard DSP C called different clients "shithead". DSP A and DSP F both reported they were asked to listen to a recording of a song DSP D made which made fun of Client #1 who like to say "No no no". Staff reported DSP C sang the song on the recording and DSP D played it for them as she thought it was hilarious. They reported they listened to the song on or about 5/7/21. Several other staff heard about the audio recording, but indicated they never actually heard it. DSP C and DSP D denied all of the allegations, but DSP C confirmed she used foul language at work on occasion. The investigation indicated during an interview with the Direct Support Supervisor (DSS), she noted both DSP's were coached on losing their patience with the clients.</p> <p>When interviewed on 10/12/21 at 2:22 p.m. the DSS stated the investigation started on 5/26/20 when DSP A and DSP B reported they heard DSP C and DSP D calling Client #3 a "(expletive) moron" several times and threatening to cut off Client #2's tongue. She stated once Mosaic started an investigation several staff reported numerous other allegations (see above) regarding DSP C and DSP D.</p> <p>When interviewed on 10/11/21 DSP E revealed DSP C treated the clients like they had a disease as she heard DSP C tell Client #3 to "get the fuck away from her". She heard DSP C tell Client #1 to "shut up" when she asked for her pop.</p>	W 267		
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W 267	<p>Continued From page 8</p> <p>When interviewed on 10/12/21 at 9:00 a.m. DSP F confirmed DSP C played a rap song for her on her phone and asked if she like it. When she asked who it was DSP C told her it was DSP D rapping making fun of phrases Client #1 said. On a different occasion she heard DSP C tell Client #4 to get the hell out of the kitchen. She said DSP C and DSP D made fun of Client #1 all the time as she often said "I do it".</p> <p>When interviewed on 10/12/21 at 9:45 a.m. DSP A confirmed DSP C or DSP D played the rap song which made fun of Client #1 while they worked. She said both DSP's laughed as they played the song as they said it sounded like Client #1. She further noted they made some clients wear a pull-ups when it wasn't in their plan as DSP C didn't like to clean up bowel movements. She confirmed she heard DSP C and DSP D tell Client #2 they would cut off his tongue if he didn't keep it in his mouth. She noted part of Client #2's diagnosis is his tongue stuck out of his mouth. She reported she witnessed DSP C called Client #3 a "(expletive) moron" several times. She also confirmed she heard DSP C tell Client #1 she would not get a "(expletive) pop" and to "stop (expletive) talking."</p> <p>When interviewed on 10/12/21 at 10:16 a.m. DSP B confirmed she heard either DSP C or DSP D tell Client #2 they would cut off his tongue one day. She also confirmed she heard DSP C called Client #2 a "(expletive) moron" several times on 5/26/21. She witnessed both DSP C and DSP D mock Client #1 several times for saying "I do it" as well as for saying "green" when she referred to Mountain Dew.</p>	W 267		
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W 267	<p>Continued From page 9</p> <p>2. Record review on 10/12/21 revealed a facility investigation started on 2/2/21. The investigation revealed DSP H responded to an email from Human Resources sent to thank her for joining the Mosaic team (she was employed 1 month). DSP H responded and indicated she witnessed several employee interactions with clients which made her uncomfortable. Mosaic immediately started an investigation and DSP H informed them of at least 4 incidents where she felt uncomfortable with a co-workers conduct towards clients. The investigation revealed the first incident occurred on 1/8/21 where DSP H alleged she witnessed DSP E as she kicked Client #6. The DSP further noted DSP E slammed a door in the client's face, restricted his movement and yelled at him during the same incident. The investigation further indicated DSP H reported the allegation to her Direct Support Supervisor (DSS) on 1/9/21. The supervisor discussed the allegations with DSP H, but failed to report the allegations to an administrator. The investigation further revealed DSP H witnessed DSP E take Client #1's food away during dinner on approximately 1/22/21 after she ate only 25% of her meal. DSP H reported DSP E did this because the client was not cooperative during the meal. DSP H reported a similar incident on 2/1/21 with Client #2 on the a.m. shift which involved DSP E. Later on 2/1/21 DSP H alleged DSP I was rude to Client #2 as he struggled to eat dinner and told him to "Open your (expletive) mouth."</p> <p>When interviewed on 10/13/21 at 9:00 a.m. DSP H stated 1/8/21 was her first day at Mosaic without a trainer. At lunch Client #6 was asked to put his tablet away and come eat. The client became upset and DSP E yelled at the client and</p>	W 267		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  16G113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/13/2021
NAME OF PROVIDER OR SUPPLIER  MOSAIC-217 MAPLE AVENUE			STREET ADDRESS, CITY, STATE, ZIP CODE 217 MAPLE AVENUE NEVADA, IA 50201		
(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)	(X6) COMPLETION DATE	
W 267	Continued From page 10 told him to stop acting like a baby. She remembered the client wanted to go to his bedroom, but DSP E blocked his access. Eventually the client ended up seated in a chair where DSP E stood extremely close to him (in between his legs) so he could not get up. Client #6 eventually became upset and spit on DSP E to which she slapped his leg. The client then attempted to hit DSP E when she then kicked him in the leg. DSP H noted it wasn't a full force kick, but would have hurt. DSP H stated she tried to talk to the DSS shortly after and the DSS told her to wait to talk about it the next day as she wasn't available at the time. DSP H stated she confronted DSP E and asked her if she followed protocol with Client #6 and the DSP replied "this is what you have to do to these people, if you wanna report me go ahead". When she talked to the DSS the next day she was told DSP E might need some retraining. About two weeks later DSP H stated DSP E took Client #1's food from her at dinner after she had only eaten 25% and threw it on the floor due to behavior problems the client displayed. On 2/1/21 she worked with DSP E again said she took Client #2's food away from him as she thought he was being gamey with the food. She asked DSP E if they should get him more food later and she said "no". Later on 2/1/21 DSP H stated DSP I was trying to watch a video on his phone while he fed Client #2 dinner. She indicated when the client had problems eating DSP I said "Open your (expletive) mouth" and called him a "(expletive) idiot." Later that evening when she asked DSP I to help her transfer Client #1 to the toilet DSP I thought the client was being gamey again and said "get the fuck up, you know what you are doing".  3. Record review of agency policy for Respectful	W 267			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/29/2021  
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NAME OF PROVIDER OR SUPPLIER  <b>MOSAIC-217 MAPLE AVENUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>217 MAPLE AVENUE NEVADA, IA 50201</b>
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W 267	<p>Continued From page 11</p> <p>Interactions and Treatment dated 3/20/19 revealed "Employees and Independent contractors will demonstrate dignity and respect to people served in their homes and communities." Additionally, "Employees will use professional language (no profanity) while in the presence of people served."</p> <p>4. When interviewed on 10/13/21 at 3:30 p.m. the Associate Director confirmed Mosaic took the allegations very seriously and considered them violations of agency policy for the treatment of clients.</p>	W 267		
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Iowa Department of  
**INSPECTIONS & APPEALS**

KIM REYNOLDS, GOVERNOR  
ADAM GREGG, LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

October 29, 2021

Ms. Brandi Bretthauer, Executive Director  
Mosaic  
11141 Aurora Ave  
Urbandale, Iowa 50322-7904

RE: Mosaic 217 Maple Investigation #96808-I & 98449-I and Focused Infection Control Survey

Dear Ms. Bretthauer:

A focused infection control survey was conducted at your facility by Troy Kroeger from 10/11/21 to 10/13/21 to determine if the facility remains in substantial compliance with infection control requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

At the time of the visit, investigations 96808-I & 98449-I were also completed. A summary of our findings is as follows:

Client Protections 483.420, W122 – 483.420 (d)(4), W157: Substantiated  
Comments: Based on interviews and record review, numerous facility staff failed to report allegations of suspected abuse. During an investigation the facility discovered numerous allegation of potential abuse and client mistreatment that staff failed to report. As a result of a standard level deficiency was cited at W153.

Client Behavior and Facility Practices, 483.450, W266 – 483.450(e)(4)(ii), W317: Substantiated  
Comments: Based on interviews and record reviews, the facility failed to ensure clients were treated with dignity and respect. The investigation revealed staff threatened to physically injure clients, called derogatory names, swore at clients and staff created song about clients, mocking their behavior. As a result, a standard level deficiency was cited at W267.

The items of non-compliance found at the time of the survey are listed on the attached licensure or certification, Statements of Deficiencies and Plan of Correction forms.

Options available to you in responding to the Statements of Deficiencies and Plan of Correction forms (CMS-2567) are:

1. accepting the deficiencies stated on the CMS-2567 and submitting a Plan of Correction;
2. recording objections to the cited deficiencies and submitting a Plan of Correction;

3. recording objections to cited deficiencies, not submitting a Plan of Correction, and attempting to provide convincing arguments and documentation that the deficiencies are invalid; with the understanding that such action could result in the termination of the facility's provider agreement, if such attempts are unsuccessful.

You may complete the Federal forms by writing your plan of correction in the right hand columns. Instructions for State deficiencies are listed on the form. Please sign and return the completed forms to this office within ten (10) calendar days of receipt. Retain a copy for your records.

Your Plan of Correction must explain as specifically as possible the following:

1. A step-by-step description of the method(s) used to correct the system level problem which caused the deficiencies. The plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that correction has been made for the specific examples cited is not acceptable.
2. State the method(s) to be used to maintain and monitor compliance. Indicate the position(s) responsible for monitoring the correction to prevent the deficiency's reoccurrence. State your anticipated frequency of monitoring.
3. A realistic date of correction by month, date, and year.

If the above items are not included, the plan of correction will not be accepted.

Immediate corrective action is expected for deficiencies directly related to resident care. Administrative items such as contract changes should be brought into compliance within a 30 day period. Completion dates beyond 60 days from the survey date may be accepted if additional documentation is included verifying the need for additional time to achieve compliance and indicating the steps already taken toward compliance. However, the deficiency which corresponds to the associated citation (WI53) must be corrected UPON RECEIPT.

Federal and state laws require public disclosure of survey findings. Documents pertaining to this survey will be available to the public for review at the Department of Inspections and Appeals and the nearest county office of the Iowa Department of Human Services.

We wish to thank you and your staff for the courtesies and cooperation extended to our survey staff during their recent visit. If you have any questions regarding this survey, please contact us.

Sincerely,

Linda Kellen, Bureau Chief



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Adult/Special Services Bureau

*Catie Campbell*

Catie Campbell, Program Coordinator  
Adult/Special Services Bureau  
515-281-3759  
Catie.Campbell@dia.iowa.gov