

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51705-I

March 23, 2015

Ms. Emily Lightbody, Manager
Bickford Cottage Marion
1100 Linden Drive
Marion, IA 52302

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

Dear Ms. Lightbody:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 16, 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.

Based on a tenant file review, review of investigation documents, review of staff statements and staff and management interviews, a tenant left the Program after removing an electronic wandering bracelet. The tenant had not demonstrated any previous elopement tendencies and was assisted out of the Program by a visitor who did not realize the tenant resided at the Program. The Program immediately posted signs by all exit doors indicating staff needed to be alerted if someone wanted to leave the building or if someone did not know the door code. Interventions were put in place to assist the tenant from removing the electronic wandering bracelet. **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: S0029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BICKFORD COTTAGE MARION

**1100 LINDEN DR
MARION, IA 52302**

(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. General Population Program Number of tenants without cognitive disorder: 27 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 32 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 7 TOTAL census of Assisted Living Program: 39 No regulatory insufficiencies were cited during the incident investigation #51705-I	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE