IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 53146-I

September 1, 2015

Ms. Kim Schaffer, Administrator
Bickford Cottage Clinton
1150 13th Avenue North
Clinton, IA 52732

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

Dear Ms. Schaffer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 26, 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 review of tenant files, incident reports, review of policies and procedures, staff interviews and interviews with the Nurse and Director the following was found:

1. Allegation: Service Plans
   Findings: Not substantiated
   Comments: Review of tenant files, incident reports and staff interviews indicated the Program acted appropriately in providing cares to tenants. Staff interviews, interviews with the Nurse and the Director indicated appropriate cares were provided as indicated. There were no concerns regarding service plans.

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
	S0010	A. BUILDING: _____ B. WING _____	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE CLINTON	1150 13TH AVE N CLINTON, IA 52732

(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: 32 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 34 TOTAL census of Assisted Living Program: 34 No regulatory insufficiencies were cited during the investigation of Incident #53146-I.	A 000		

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