IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 55323-I

December 4, 2015

Ms. Debby Cooper, Administrator
Bickford Cottage of Marshalltown
101 Newcastle Road
Marshalltown, IA 50158

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

Dear Ms. Cooper:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 23, 24 and 30, 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. The following incident was investigated:

Tenant Rights
Comments: Based on observations, interview and record review tenants were treated with respect during service provision. The Program became aware of a possible abusive situation. An investigation was completed and a staff person's employment was terminated for questionable interactions with tenants. The complaint was not substantiated.

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
	S0012	A. BUILDING: _____ B. WING _____	C 11/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE MARSHALLTOWN	101 NEW CASTLE RD MARSHALLTOWN, IA 50158

(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: 36 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 41 TOTAL census of Assisted Living Program: No regulatory insufficiencies were cited during the investigation of Incident #55323-I.	A 000		