

IOWA DEPARTMENT OF

INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION

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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 18, 2016

Samantha Hadden, Director
Bickford Cottage
5915 Sutton Place
Urbandale, IA 50322

Re: Bickford Cottage Urbandale Investigation #612392-C

Dear Ms. Hadden:

Complaint #61392-C was investigated at your program by a representative of the Department from 8/1/16 – 8/11/16. A summary of our findings is as follows:

Evaluation, Staffing and Tenant Rights: Not Substantiated

Comments: Based interviews and record review no issues were noted in the areas of evaluations, staffing and tenant rights. No regulatory insufficiencies were cited.

We wish to thank you and your staff for the courtesies and cooperation extended to our staff during their recent visit. No response to this correspondence is necessary.

Sincerely,

Linda Kellen, Bureau Chief
Adult Services Bureau



Catie Campbell, Program Coordinator
Adult Services Bureau
Health Facilities Division
515-281-3759
Catie.Campbell@dia.iowa.gov

Enclosures: Statement of Deficiencies

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/11/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BICKFORD COTTAGE URBANDALE

**5915 SUTTON PLACE
URBANDALE, IA 50322**

(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: 33 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 46 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 14 TOTAL census of Assisted Living Program: 60 No regulatory insufficiencies were cited during the investigation of Complaint #61392-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE