STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP017	A. BUILDING _____ B. WING _____	08/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE AMES	2418 KENT AVE AMES, IA 50010

(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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 29 Number of tenants with cognitive disorder: 9 TOTAL Census of Assisted Living Program for People with Dementia: 38 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.	A 000	**481-67.19(3) Records** **481-67.19 (135C,231B,231C, 231D)** **67.19 Criminal, dependent adult abuse, and child abuse record checks.** *1) Elements detailing how the Program will correct regulatory insufficiency:* Staff A hired on 2/26/19, background check completed. *2) Measures taken to ensure the problem does not recur .* All potential new employees will have background checks completed prior to employment. The background checks will be reviewed for approval or disapproval and filed in the employee's file upon employment. *3) How the Program plans to monitor performance to ensure compliance.* All staff employees' files will be audited upon employment. The Divisional of Operations will do random audits of employee files annually. *4) The date by which the regulatory insufficiency will be corrected.* The regulatory insufficiency was Corrected 08/19/19.	
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to complete criminal, child abuse, and dependent adult abuse background checks prior to employment for 1 of 6 staff reviewed (Staff	A 118		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP017	A. BUILDING _____ B. WING _____	08/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE AMES	2418 KENT AVE AMES, IA 50010

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A 118	Continued From Page 1 A). Findings follow: Review of Staff A's file revealed a hire date of 2-26-19. A background check completed priot to employment could not be located. The Registered Nurse Coordinator confirmed these finding on 8-19-19 at 1:27 p.m.	A 118		