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
	S0006	A. BUILDING: _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE I SIOUX CITY	4020 INDIAN HILLS DR SIOUX CITY, IA 51108

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Tenants without cognitive impairment: 29 Tenants with cognitive impairment: 6 Total census: 35 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	See attached POC 12/2/25	
A 410	481-67.19(3)b Record Checks 67.19(3)b Conducting a background check. The program may access the single contact repository (SING) to perform the required background check. If the SING is used, the program shall submit the person's maiden name, if applicable, with the background check request. If SING is not used, the program must obtain a criminal history check from the department of public safety and a check of the child and dependent adult abuse registries from the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to complete background checks prior to hire for 1 of 6 employee personnel files reviewed (Staff A). Finding follows: Record review of the employee files on 12/01/25 revealed Staff A was hired on 7/28/25. The program provided a background check for Staff A	A 410		

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
	S0006	A. BUILDING: _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE I SIOUX CITY	4020 INDIAN HILLS DR SIOUX CITY, IA 51108

(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 410	Continued From page 1 from a previous employment period, processed on 7/26/23, as documentation. During an interview on 12/02/25 at 1:16 p.m., the Executive Director acknowledged no current background check could be located prior to Staff A's current date of rehire on 7/28/25. The program then completed a new background check for Staff A on 12/02/25, but acknowledged that a background check was needed prior to Staff A's rehire on 7/28/25. On 12/04/25 at 2:30 p.m., the Executive Director confirmed the above findings.	A 410		

BICKFORD COTTAGE I SIOUX CITY
PLAN OF CORRECTION

A 410 481-67.19 (3)b Record Checks

Regulatory Insufficiency: The Program failed to complete background checks prior to hire for 1 of 6 employee personnel files reviewed.

Plan of Correction:

The insufficiency will be corrected as follows:

Staff A- During a personnel file audit in 12/2025 this file was noted to not have a background check on file for the rehire of the employee. A new one was completed at that time.

The following measures will be taken to ensure the problem does not recur:

- The Divisional Director of Operations will re-educate the Executive Director on background check requirements. Competed by February 6, 2026.
- The Executive Director will ensure all new and returning employees have completed the required record check before hire.
- A new BFM New Hire Checklist form was implemented to ensure background checks were completed before hire date.

The program will monitor performance to ensure compliance as follows:

- Both the Executive Director and Assistant Director will initial off on each new hire prior to their orientation date for compliance.
- The Executive Director will audit new employee files monthly and Divisional Director of Operations will audit quarterly to ensure compliance.

Regulatory insufficiency completed 12/2/25.