

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

**Complaint/Incident Intake #: 50382-I
50440-C**

November 25, 2014

Ms. Shiloh Johnson, Manager
Maple Manor Village
343 Parriott
Aplington, IA 50604

**RE: Final Complaint/Incident Investigation Report – Maple Manor Village,
Aplington, IA**

Dear Ms. Johnson:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 6, 2014, 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. **No Regulatory Insufficiencies were identified.**

Based on staff interviews, tenant interviews, police interview and record reviews, tenants at Maple Manor Village felt safe and were not fearful of any other tenants, staff or visitors.

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: S0048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/06/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MAPLE MANOR VILLAGE

**345 PARRIOTT
APLINGTON, IA 50604**

(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: 15 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site 15 TOTAL census of Assisted Living Program 15 No regulatory insufficiencies were cited during the Incident (50382-I) and Complaint (50440-C) investigation.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE