

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

Complaint/Incident Intake #: 50748-I

December 3, 2014

Ms. Mary Jo Pipkin, Administrator
Keystone Cedars
6325 Rockwell Drive NE
Cedar Rapids, IA 52402

RE: Final Complaint/Incident Investigation Report – Keystone Cedars, Cedar Rapids, IA

Dear Ms. Pipkin:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of December 2, 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.

The following allegation was investigated in regards to staffing. The incident reported to the department included a fall with injury. Based on review of a tenant file, incident report, program policy and staff interviews, no insufficiencies were found.

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: S0195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/02/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KEYSTONE CEDARS

**6325 ROCKWELL DRIVE NE
CEDAR RAPIDS, IA 52402**

(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	<p>481-67 Initial Comments</p> <p>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.</p> <p>General Population Program Number of tenants without cognitive disorder: 61 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 64</p> <p>Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 16</p> <p>TOTAL census of Assisted Living Program: 80</p> <p>No regulatory insufficiencies were cited during the incident investigation #50748-I conducted to determine compliance for an Assisted Living Program.</p>	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE