IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51235-I

January 26, 2015

Ms. Kari Wittmeyer, Director
Ellen Kennedy Living Center
1177 7th Street SW
Dyersville, IA 52040

RE: Final Complaint/Incident Investigation Report – Ellen Kennedy Living Center, Dyersville, IA

Dear Ms. Wittmeyer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 20, 2015, 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 facility reported incident (#51235-I) was not substantiated.

Admission/Discharge: Based on observation, record review and staff and tenant interviews, tenants were monitored for their safety and ability to transfer and ambulate independently. When tenants did sustain a fall, the program implemented timely interventions to ensure the safety of the tenants while maintaining as much independence as possible. **No Regulatory Insufficiencies were identified.**

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0155	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLEN KENNEDY LIVING CENTER	1177 7TH STREET SW DYERSVILLE, IA 52040

(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	481-69 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: 32 Number of tenants with cognitive disorder:4 Total Population of Program at time of on-site: 36 TOTAL census of Assisted Living Program: 36 No regulatory insufficiencies were cited during the incident (# 51235-I) investigation.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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