IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

February 13, 2015

Complaint/Incident Intake #: 51125-I

Ms. Susan Schmitt, Director
Custom Care
1224 13th Street NW
Cedar Rapids, IA 52405

RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Custom Care, Cedar Rapids, IA

Dear Ms. Schmitt:

Enclosed is the **Final Complaint Investigation & Recertification Monitoring Evaluation Report** 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 Department of Inspections and Appeals investigated your concerns on January 12 and 13, 2015. The Program reported incident (#51125-I) was investigated and not substantiated. Based on staff interview and record review staff followed the Program's missing resident policy and procedure when, on one occasion, a tenant was determined to be missing from the Program. After finding the tenant, staff completed a physical assessment and transferred the tenant to the emergency room for further evaluation. Upon the tenant's return to the Program, staff implemented 15 minute checks to ensure the tenant's safety and within eight hours, transferred the tenant to a more secure unit. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0108** with effective dates of **February 5, 2015** through **February 4, 2017**.

If you have any questions in regard to this certification, 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
	S0108	A. BUILDING: _____ B. WING _____	C 01/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUSTOM CARE	1224 13TH ST NW CEDAR RAPIDS, IA 52405

(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: 21 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 24 TOTAL census of Assisted Living Program: 24 No insufficiencies were cited during the investigation of incident # 51125-I and the recertification conducted to determine compliance for an Assisted Living Program.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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