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 #: 51026-I

February 13, 2015

Ms. Ann-Marie Habhab, Director
Walnut Ridge Senior Community
1701 Campus Drive
Clive, IA 50325

RE: Final Recertification & Complaint/Incident Investigation Report – Walnut Ridge Senior Community, Clive, IA

Dear Ms. Habhab:

Enclosed is the **Final Recertification & Complaint/Incident Investigation Report** from the on-site monitoring visit of February 2 - 4, 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.

An investigation was conducted into self-reported incident #51026-I. The Program reported a tenant had a large bruise on the left hand. During record review and interview, no perpetrator was identified. A review of the record revealed the tenant had sustained skin tears, and documentation after the reported incident revealed the tenant was twisting the right arm and hitting the right arm on furniture. A violation of tenant rights was not substantiated.

The Program identified the tenant had increasing care needs and the tenant was discharged from the Program at the end of December 2014. Because the Program appropriately addressed the increased need for care, the Program did not receive an insufficiency related to tenants exceeding criteria for retention in an assisted living program. **No Regulatory Insufficiencies were identified.**

Enclosed you will find the Assisted Living Program Certificate **S0289** with effective dates of **November 17, 2014** through **November 16, 2016**

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
	S0289	A. BUILDING: _____ B. WING _____	C 02/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT RIDGE SENIOR COMMUNITY	1701 CAMPUS DRIVE CLIVE, IA 50325

(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: 46 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 49 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 64 No insufficiencies were cited during the investigation of Incident #51026-I or recertification on-site.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE