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
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51270-I

February 20, 2015

Ms. Annette Grochala, Director
Vintage Hills Retirement Community
604 East Hillcrest Avenue
Indianola, IA 50125

RE: Final Complaint/Incident Investigation Report – Vintage Hills Retirement Community, Indianola, IA

Dear Ms. Grochala:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 10, 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 program reported incident (#51270-I) was not substantiated.

Based on staff interviews and record review, the program identified tenants that sustained falls and those that were at risk of falling, and planned appropriate and ongoing interventions to maintain the safety of each tenant. In addition, when tenants sustained a fall, staff assessed tenants for injury and completed health, cognitive and functional evaluations. The program made changes to the tenant's service plan as appropriate. **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
	S0314	A. BUILDING: _____ B. WING _____	C 02/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE HILLS RETIREMENT COMMUNITY	604 EAST HILLCREST AVENUE INDIANOLA, IA 50125

(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: 25 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 29 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 20 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 49 No regulatory insufficiencies were cited during the Incident ((#51270-I) investigation.	A 000		

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