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 #: 52140-I

April 6, 2015

Ms. Candice Fuller, Director
Homestead of Oskaloosa
2102 S. Market Street
Oskaloosa, IA 52577

RE: Final Complaint/Incident Investigation Report – Homestead of Oskaloosa, Oskaloosa, IA

Dear Ms. Fuller:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 31, 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.

Based on review of Tenant #1's file, review of incident report and staff interviews, Tenant #1 exited the general population building. Tenant #1 was observed walking in the parking lot by a staff that was outside on break. Staff immediately assisted Tenant #1 back into the building. Tenant #1 was dressed appropriately and did not suffer any injuries. Tenant #1 had mild cognitive impairment and had shown some intermittent confusion. Staff responded to the situation appropriately, notified the Director and completed an incident report. Once the nurse was notified, she contacted Tenant #1's family, physician, and the Department. Tenant #1 was assessed at the hospital and upon return was transferred to the memory care unit. **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
	S0186	A. BUILDING: _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF OSKALOOSA	2102 S MARKET ST OSKALOOSA, IA 52577

(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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 57 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 63 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 78 No regulatory insufficiencies were cited during the incident investigation #52140-I.	A 000		

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