IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51570-C

March 10, 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 March 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.

Concern – Structure/Life Safety

Findings – Not Substantiated
Comments – Based on observations, staff/tenant interviews and a review of tenant files, incident reports and maintenance work orders, the Program's environment appeared safe and free of odors at the time of the investigation. Tenant and staff interviews revealed one tenant had an ongoing issue with odors within his apartment prior to the investigation. The bathroom odor was reported to the nursing department. The Program made numerous attempts at eliminating the bathroom odor. Eventually a toilet modification was made in conjunction with a new floor and trim. The tenant and tenant's family member was satisfied with the modification and had no further concerns.
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 03/04/2015

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	481-67 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: 33 Number of tenants with cognitive disorder: 4 Total population of Program at time of on-site: 37 Total census of Assisted Living Program: 37 No insufficiencies were cited during the investigation of Complaint # 51570-C.	A 000		

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