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 #: 51647-I

April 13, 2015

Mr. Brett Ingersoll, Manager
Arlington Place of Oelwein
1101 3rd Street SW
Oelwein, IA 50662

RE: Final Complaint/Incident Investigation Report – Arlington Place of Oelwein, Oelwein, IA

Dear Mr. Ingersoll:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 2 and 6, 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 following allegations were investigated in regards to Incident #51647-I:

Allegation: Staffing
Findings: Unsubstantiated
Comments: Based on five tenant file reviews, staff interviews, review of incident reports and Program documents there were no concerns with staffing regarding the incident with the tenant indicated in the Program's self-report. Staff interviews indicated there was enough staff to meet the needs of the tenants. The Program followed their policy regarding staffing.

Allegation: Level of care
Findings: Unsubstantiated
Comments: Based on five tenant file reviews, staff interviews, review of incident reports and Program documents there were no concerns with level of care. The tenant indicated in the Program's self-report was discharged. The remaining four tenants reviewed did not exceed the level of care at the time of the investigation. The Program followed their policy regarding level of care. **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
	S0157	A. BUILDING: _____ B. WING _____	C 04/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF OELWEIN	1101 3RD STREET SW OELWEIN, IA 50662

(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: 20 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 20 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 9 TOTAL census of Assisted Living Program: 29 An investigation of Incident #51647-I was completed. There were no regulatory insufficiencies cited related to Incident #51647-I.	A 000		

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