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 #: 51995-C

June 10, 2015

Mr. Calvin Diekmann, Director
Vista Prairie at Fieldcrest AL
2501 East 6th Street
Sheldon, IA 51201

RE: Final Complaint/Incident Investigation Report – Vista Prairie at Fieldcrest AL, Sheldon, IA

Dear Mr. Diekmann:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of June 1 & 2, 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 interviews and record review, the following areas were unsubstantiated:

Allegation: Medication Management
Findings: Unsubstantiated
Comments: Program reviewed and monitored for desired and adverse reactions to medication.

Allegation: Admission/Discharge
Findings: Unsubstantiated
Comments: Based on interviews and record review, the Program appropriately evaluated tenants for admission and for possible discharge.

Allegation: Service Plans
Findings: Unsubstantiated
Comments: Based on interviews and record review, the Program developed and updated service plans according to tenant evaluations and when tenants experienced changes in condition.

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
	S0135	A. BUILDING: _____ B. WING _____	C 06/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT FIELDCREST AL	2501 EAST 6TH STREET SHELDON, IA 51201

(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: 68 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 73 Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 7 TOTAL census of Assisted Living Program: 80 During Complaint Investigation #51995-C no regulatory insufficiencies were cited.	A 000		

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