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 #: 52901-I
52902-C

July 7, 2015

Ms. Rachel Benda, Executive Director
The Kensington
2210 Avenue H
Fort Madison, IA 52627

RE: Final Complaint/Incident Investigation Report – The Kensington, Fort Madison, IA

Dear Ms. Benda:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of July 1, 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 allegation was investigated and unsubstantiated in regards to Complaint # 52902-C:
Allegation: Tenant Rights
Findings: Unsubstantiated
Comments: Based on review of two discharged tenant files, review of incident reports, internal investigation documents, staff interviews and review of Program policies there were no concerns regarding tenant rights.

The investigation included a review of Incident #52901-I. No concerns were found in regards to the self-reported incident.

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
	S0092	A. BUILDING: _____ B. WING _____	C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENSINGTON, THE	2210 AVE H FORT MADISON, IA 52627

(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: 48 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 50 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 21 Total Population of Program at time of on-site: 21 TOTAL census of Assisted Living Program: 71 No regulatory insufficiencies were cited during the incident investigation #52901-I and complaint investigation #52902-C.	A 000		

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