IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 52833-C

July 7, 2015

Ms. Rhonda Allen, Director
Parker Place Retirement
707 Hwy 57
Parkersburg, IA 50665

RE: Final Complaint/Incident Investigation Report – Parker Place Retirement, Parkersburg, IA

Dear Ms. Allen:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of July 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. The following allegations were investigated in regards to Complaint #52833.

1. Allegation – Service Plan
   Findings – Not Substantiated
   Comments – Four tenants were reviewed during the investigation. The tenant's assessed needs in conjunction with the tenant's specific personal choices regarding care were demonstrated in service plans. The tenants' service plans were reviewed and/or signed by the tenant, the tenants' family or representatives (if warranted) and the Program's delegating registered nurse on a yearly basis. Interviewed staff was consistent with each other when they described the care they provided to the sampled tenants and what services the tenant requested.

2. Allegation – Staffing/Tenant Rights:
   Findings – Not substantiated
   Comments: Staff and tenants interviewed were satisfied with the Program's staffing ratio at the time of the investigation. The staff interviewed demonstrated consistent statements when asked about the sampled tenants' care and service plan specifics. Staff emphasized the tenant's personal choices and rights when responding to the monitor's questions.

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
	S0300	A. BUILDING: _____ B. WING _____	C 07/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER PLACE RETIREMENT	707 HWY 57 PARKERSBURG, IA 50665

(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: 16 Number of tenants with cognitive disorder: 2 Total population of Program at time of on-site: 18 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 10 Total population of Program at time of on-site: 11 Total census of Assisted Living Program: 29 No regulatory insufficiencies were cited during the investigation of Complaint # 52833-C.	A 000		

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