IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 9, 2015

Complaint Intake #: 53093-C

Ms. Tonia Olsen, Director
Cedar Vale
100 Poppy Lane
Nashua, IA 50658

RE: Final Complaint & Recertification Monitoring Evaluation Report – Cedar Vale, Nashua, IA

Dear Ms. Olsen:

Enclosed is the **Final Complaint & Recertification Monitoring Evaluation Report** 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 in regards to Complaint #53093-C:
Allegation: Food Service
Findings: Unsubstantiated
Comments: Observations, a community meeting with 12 tenants, tenant interviews, staff interviews and a review of Program documentation including food temperature logs did not reveal ongoing dietary concerns. Tenant interviews revealed several incidents of improperly cooked food that were brought to administration's attention. No consistent or ongoing concerns were noted by tenants during interviews. Dietary staff complete food temperature checks and document the results prior to each meal. Tenants offered several suggestions during interviews. The suggestions were passed on to the Program.

No Regulatory Insufficiencies were found during this evaluation.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0211** with effective dates of **May 25, 2015** through **May 24, 2017**.

If you have any questions in regard to this certification, 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
	S0211	A. BUILDING: _____ B. WING _____	C 07/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR VALE	100 POPPY LANE NASHUA, IA 50658

(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: 17 Number of tenants with cognitive disorder: 1 Total population of Program at time of on-site: 18 Total census of Assisted Living Program: 18 No regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program and the investigation of Complaint # 53093-C.	A 000		

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