

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

Complaint/Incident Intake #: 52701-C

July 27, 2015

Mr. Paul Crane, Administrator
Primrose Retirement Community
1801 East Kanesville Blvd.
Council Bluffs, IA 51503

**RE: Final Complaint/Incident Investigation Report – Primrose Retirement
Community, Council Bluffs, IA**

Dear Mr. Crane:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of July 20 & 21, 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 #52701-C.

Allegation: Admission/Discharge

Findings: Unsubstantiated

Comments: Based on review of three tenant files, review of incident reports, review of policies and staff interviews, there were no concerns regarding admission/discharge criteria related to Complaint #52701-C. **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: S0273	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/21/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PRIMROSE RETIREMENT COMMUNITY

**1801 EAST KANESVILLE BLVD
CO BLUFFS, IA 51503**

(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: 27 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 28 TOTAL census of Assisted Living Program: 28 No regulatory insufficiencies were cited during the complaint investigation #52701-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE