IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 24, 2015

Complaint Intake #: 53510-C

Ms. Lana Sohn, Administrator
Homestead of Albia
6590 165th Street
Albia, IA 52531

RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Homestead of Albia, Albia, IA

Dear Ms. Sohn:

Enclosed is the **Final Complaint Investigation & 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 53510-C.

Allegation: Structure/Life Safety
Findings: Unsubstantiated
Comments: Based on interview and record review, the Program did have issues with bed bugs and addressed them with regular intervention from an exterminator. According to documentation the bed bugs were contained to two apartments within close proximity of each other. The Program checks regularly for the presence of bed bugs and notifies all tenants of precautionary measures.

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 **S0333** with effective dates of **February 1, 2015** through **January 31, 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
	S0333	A. BUILDING: _____ B. WING _____	C 08/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF ALBIA	6590 165TH STREET ALBIA, IA 52531

(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: 31 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 32 TOTAL census of Assisted Living Program: 32 No regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification of an Assisted Living Program. In addition, the investigation of Complaint 53510-C was completed and resulted in no regulatory insufficiencies.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE