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 #: 54034-I

August 24, 2015

Ms. Gloria Rink, Administrator
Homestead Assisted Living & Memory Care
1709 West Prairie Street
Creston, IA 50801

RE: Final Complaint/Incident Investigation Report – Homestead Assisted Living & Memory Care, Creston, IA

Dear Ms. Rink:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 20, 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 self-reported incident was investigated.

Level of Care
Comments: Based on observations, interviews, and record review, a tenant was admitted to the Program on 7-1-15 was found outside by a staff member at 4:30 a.m. on 7-7-15. During an interview with the staff member, who found the tenant, she estimated the tenant was outside approximately five minutes before she noticed the tenant sitting on a bench. The Program completed a change of condition and moved the tenant to the memory care unit.

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
	S0270	A. BUILDING: _____ B. WING _____	C 08/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD AL & MEMORY CARE	1709 WEST PRAIRIE, PO BOX 255 CRESTON, IA 50801

(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: 32 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 33 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 41 No regulatory insufficiencies were cited during the investigation of Incident #54034-I	A 000		

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