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 #: 53496-C
53497-I

September 8, 2015

Mr. Marc Strohschein, Director
Senior Star at Elmore Place AL
4500 Elmore Avenue
Davenport, IA 52807

RE: Final Complaint/Incident Investigation Report – Senior Star at Elmore Place AL, Davenport, IA

Dear Mr. Strohschein:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of September 1, 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.

Based on review of a tenant file, review of incident reports, investigation notes and statements, interviews with staff and the Director, a tenant meeting and review of policies and procedures the following allegations were unsubstantiated:

ALLEGATION: TENANT RIGHTS
FINDINGS: UNSUBSTANTIATED
COMMENTS: There were no concerns regarding tenant rights during the investigation of a complaint and incident. Tenants were treated with respect and consideration.

ALLEGATION: STAFFING
FINDINGS: UNSUBSTANTIATED
COMMENTS: There were no concerns regarding staffing during the investigation of a complaint and incident. The Program provided appropriate staffing to meet the tenant's identified needs.

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
	S0295	A. BUILDING. _____ B. WING _____	C 09/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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: 95 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 96 TOTAL census of Assisted Living Program: 96 No regulatory insufficiencies were cited during the investigation of Complaint #53496-C and Incident #53497-I.	A 000		

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