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 #: 54267-I
54264-C

September 9, 2015

Ms. Kari Wittmeyer, Director
Ellen Kennedy Living Center
1177 7th Street SW
Dyersville, IA 52040

RE: Final Complaint/Incident Investigation Report – Ellen Kennedy Living Center, Dyersville, IA

Dear Ms. Wittmeyer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 31, September 1 and 2, 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. An investigation of Incident #54267-I and Complaint #54264-C was completed.

The following allegation was investigated in regards to Incident #54267-I and Complaint #54264-C:

Allegation: Staffing
Findings: Unsubstantiated
Comments: A tenant interview, staff interviews, review of tenant files and review of Program documents did not reveal concerns related to staffing.

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
	S0155	A. BUILDING: _____ B. WING _____	C 09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLEN KENNEDY LIVING CENTER	1177 7TH STREET SW DYERSVILLE, IA 52040

(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: 28 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 32 TOTAL census of Assisted Living Program: 32 There were no regulatory insufficiencies cited during the investigation of Incident #54267-I and Complaint #54264-C.	A 000		

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