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 #: 54930-I
55087-I

September 28, 2015

Ms. Julie Garvey, RN Interim Executive Director
Waterford at Ames
1525 Coconino Road
Ames, IA 50014

RE: Final Complaint/Incident Investigation Report – Waterford at Ames, Ames, IA

Dear Ms. Garvey:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of September 24, 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.

#54930-C and #55087-I: A complaint was received by the Department and the Program reported to the Department a member of the staff yelled at tenants, and tenants felt threatened.

1. Allegation – Tenant Rights
   Findings- Not Substantiated
   Comments – Based on staff interviews, a review of tenant files, and a review of an internal investigation, the following was found: The Program conducted an internal investigation once the situation was recognized, and took action to correct this issue.

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
	S0041	A. BUILDING: _____ B. WING _____	C 09/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT AMES ASSISTED LIVING	1325 COCONINO RD, STE 300 AMES, IA 50014

(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: 63 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 67 TOTAL census of Assisted Living Program: No regulatory insufficiencies were cited during the investigation of Incident # 55087-I and Complaint # 54930-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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