IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 55033-C
55094-I

October 12, 2015

Ms. Kimberly Boyd, Director
Country Meadow Place, LLC
17396 Kingbird Avenue
Mason City, IA 50401-9251

RE: Final Complaint/Incident Investigation Report – Country Meadow Place, LLC, Mason City, IA

Dear Ms. Boyd:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of September 23, 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 the review of tenant files, review of discharged tenant files, review of incident reports, staff interviews, nurse interview, review of policies and procedures and monitor observations the following was found:

1. Allegation: Tenant Rights
   Findings: Not substantiated
   Comments: Review of three tenant files indicated no concerns with tenant rights. Documentation in Nurses Notes revealed a tenant had self-inflicted bruises. Redirection and tenant interventions were used appropriately as well as physician notification and medication changes.

2. Allegation: Level of Care
   Findings: Not substantiated
   Comments: Review of three tenant files indicated no concerns with level of care. The Program responded appropriately in making tenant referrals when indicated.

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
	S0004	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOW PLACE, LLC	17396 KINGBIRD AVE MASON CITY, IA 50401

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 7 Number of tenants with cognitive disorder: 22 Total Population of Program at time of on-site: 29 TOTAL census of Assisted Living Program: 29 No regulatory insufficiencies were cited during the investigation of #55033-C and #55094-I.	A 000		

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