IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 55819-C

December 1, 2015

Ms. Shelley Wicks, Administrator
Leland Smith Assisted Living
309 Ovesen Drive
Wilton, IA 52778

RE: Final Complaint/Incident Investigation Report – Leland Smith Assisted Living, Wilton, IA

Dear Ms. Wicks:

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

Based on the review of tenant files, review of incident reports, staff interviews, nurse interview, manager interview, review of policies and procedures and monitor observations, the following was found:

1. Allegation: Medication Management
   Findings: Not substantiated
   Comments: Three tenant files were reviewed. All three tenants had been discharged from the Program. Documentation in the Progress Notes indicated the pharmacies were notified of the discharge. One tenant was transferred to a higher level of care and the medications were taken to the nursing facility. Another tenant was discharged and medications were returned to the pharmacy. Another tenant had medications from the VA hospital sent to the nursing facility. No concerns with medication management were identified.

2. Allegation: Level of Care
   Findings: Not substantiated
   Comments: Review of three discharged tenant files was reviewed. All tenants were

assessed appropriately and if there were concerns regarding retention within an assisted living program, appropriate steps were taken to address the tenants' level of care. One of the three tenants was given a 30 day notice to discharge. The other two tenants continued to meet the criteria to reside within an assisted living program. No concerns with level of care were identified.

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
	S0187	A. BUILDING: _____ B. WING _____	C 11/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LELAND SMITH ASSISTED LIVING	309 OVESEN DRIVE WILTON, IA 52778

(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: 21 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 21 TOTAL census of Assisted Living Program: 21 No regulatory insufficiencies were cited during the investigation of Complaint #55819-C.	A 000		

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