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 #: 55461-I

December 3, 2015

Ms. Lori Welter, Provisional Administrator
Scuyler Place
713 S. Scuyler Street
Pomeroy, IA 50575

RE: Final Complaint/Incident Investigation Report – Scuyler Place, Pomeroy, IA

Dear Ms. Welter:

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

Based on record review and interview, the following was noted:
Allegation – Staffing- The Program reported a tenant fell and fractured an arm
Findings – Not Substantiated
Comments: The Program was not required to report this incident to the Department as the tenant was independent with ambulation, fell in the apartment, and nothing about the incident suggested the Program had culpability related to the fall. A review of the clinical record showed the Program assessed the tenant following the fall and the tenant was sent for further evaluation at the hospital. The tenant did not return to the assisted living Program, and was transferred to a higher level of care.

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
	S0161	A. BUILDING: _____ B. WING _____	C 12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCUYLER PLACE ASSISTED LIVING	713 SCUYLER STREET POMEROY, IA 50575

(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: 9 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 11 TOTAL census of Assisted Living Program: 11 No regulatory insufficiencies were cited during the investigation of Incident # 55461-I.	A 000		

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