IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 56604-C

December 15, 2015

Ms. Deanna Fisher, Administrator
Cedars of Madrid Homes
600 North Kennedy Avenue
Madrid, IA 50156

RE: Final Complaint/Incident Investigation Report – Cedars of Madrid Homes, Madrid, IA

Dear Ms. Fisher:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of December 10, 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 observations, tenant meeting, staff and tenant interview, and incident reports the following was noted.

1. Allegation – Structure - It was alleged a tenant's apartment was cold, requiring the use of a space heater.
   Findings - Not Substantiated
   Comments – The complaint identified a specific tenant using a space heater for warmth. The apartment was entered with permission, and no space heater was in use. It was reported there had been a malfunction with the heating system and when the part was replaced and the system fixed the space heater was no longer needed. A tenant meeting was held and no other tenants identified issues with the heating system. Tenants reported having the ability to adjust the heat in each apartment with a thermostat.

2. Allegation – Structure – It was alleged a tenant's apartment had a window that leaked every time it rained and mold was growing.
   Findings – Not Substantiated
   Comments: The complaint identified a specific apartment with a leaking window. The apartment was entered with permission and it was reported the window did not leak with every rain, only when it rained from the north. The window was observed to be dry. A trim

board, which was dry, had some discoloration and was removed. There was no evidence of mold on the drywall behind the trim board. The drywall was dry. The tenant reported the leaking window was related to issues with exterior siding. The tenant was satisfied the issue would be resolved in the spring once siding work could resume. The Program confirmed work was scheduled on the exterior siding in the spring. The tenant reported no other concerns.

3. Allegation – Multiple, including a non-functioning dishwasher resulting in the use of paper plates, and billing issues
   Findings – Not Substantiated
   Comments: During a phone interview with the complainant prior to the onsite visit, the concerns listed above were identified. At the time of the onsite visit, two meals were observed and paper plates were not used. The Program identified issues with an electric disposal which prevented use of the sink. When dishes were not able to be properly cleaned, the Program appropriately used paper plates during meal service. When the electric disposal was repaired, the use of paper plates was stopped. During a tenant meeting and confirmed by interview with the Administrator, no billing issues 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
	S0176	A. BUILDING: _____ B. WING _____	C 12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS OF MADRID HOMES	600 NORTH KENNEDY AVENUE MADRID, IA 50156

(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: 41 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 43 TOTAL census of Assisted Living Program: 43 No regulatory insufficiencies were cited during the investigation of Complaint #56604-C.	A 000		

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