IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 55988-C

January 20, 2016

Mr. Marc Strohschein, Manager
Senior Star at Elmore Place AL
4500 Elmore Avenue
Davenport, IA 52807

RE: Final Complaint/Incident Investigation Report – Senior Star at Elmore Place AL, Davenport, IA

Dear Mr. Strohschein:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 4, 2016, 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 review of tenant files, review of incident reports, tenant interview, staff interviews, manager interview, Environmental Services Director interview, Executive Director interview, elevator maintenance staff interview, review of elevator maintenance reports and monitor observations the following was found:

Allegation: Structure/Life Safety
Findings: Not substantiated
Comments: Two tenant files were reviewed. Both tenants had suffered falls with injury. One injury involved falling half way into the elevator and the other injury occurred outside the building near a sidewalk. Interviews were conducted indicating staff responded appropriately, first aid was administered and there were no equipment failures. Monitor observations indicated both incidents were accidental and minor injuries were incurred. There were no concerns with Structure/Life Safety.

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
	S0295	A. BUILDING: _____ B. WING _____	C 01/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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: 99 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 100 TOTAL census of Assisted Living Program: 100 No regulatory insufficiencies were cited during the investigation of Complaint #55988-C.	A 000		

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