

INSPECTIONS & APPEALS

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TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

Complaint/Incident Intake #: 56486-I

January 20, 2016

Mr. Ted Gorter, Manager
Parker Place Retirement
707 Hwy 57
Parkersburg, IA 50665

**RE: Final Complaint/Incident Investigation Report – Parker Place Retirement,
Parkersburg, IA**

Dear Mr. Gorter:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 13, 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. **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: S0300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2016
NAME OF PROVIDER OR SUPPLIER PARKER PLACE RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 707 HWY 57 PARKERSBURG, IA 50665		
(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: 17 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 19 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 10 Total Population of Program at time of on-site: 12 TOTAL census of Assisted Living Program: 31 No regulatory insufficiencies were cited during the investigation of Incident #56486-I.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE