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 #: 57040-C

March 2, 2016

Ms. Chelsea Tebo, Administrator
Floyd Place
403 C Street
Sergeant Bluff, IA 51054

RE: Final Complaint/Incident Investigation Report – Floyd Place, Sergeant Bluff, IA

Dear Ms. Tebo:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 24, 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 observations, staff interviews, and review of tenant files, and discharged files, the following was found:

1. Medication Management-Unsubstantiated
   Comments: Medications were administered to tenants per physician orders. Narcotic counts were conducted and discrepancies reconciled. Staff training regarding proper documentation of narcotic use was conducted in January 2016.

2. Level of Care-Unsubstantiated
   Comments: The Program received waivers for consistent use of two staff with tenants who required it on a short term basis. Hospice also supplemented care of some tenants who required more assistance in the short term.

3. Food Service – Unsubstantiated
   Comments: Tenants who arrived later than breakfast, lunch and dinner time were given the meal as listed on the menu, or offered alternate, easier to prepare foods as needed.

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
	S0343	A. BUILDING: _____ B. WING _____	C 02/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLOYD PLACE	403 C STREET SERGEANT BLUFF, IA 51054

(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: 19 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 21 TOTAL census of Assisted Living Program: 21 No regulatory insufficienies were cited during the investigation of complaint #57040-C.	A 000		

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