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 #: 58166-C

March 14, 2016

Mr. Mark Bailey, Administrator
Cottage Grove Place
2115 1st Avenue SE
Cedar Rapids, IA 52402

RE: Final Complaint/Incident Investigation Report – Cottage Grove Place, Cedar Rapids, IA

Dear Mr. Bailey:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 8, 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 Program documents, review of policies and procedures, staff interview and sales staff interview the following was found:

1. Allegation: Admission/Discharge—It was alleged a Program did not release copies of documents to family when requested.
   Findings: Not substantiated
   Comments: An interview with a social worker responsible for admissions to the Assisted Living Program stated documents for tenants with cognitive impairment are released to family if legal documents are presented from the POA or DPOA. If a tenant did not have cognitive impairment and gave verbal consent, copies of all documents requested were provided. An interview with a sales and marketing staff responsible for admissions to the Independent Living Program stated if a tenant or potential tenant gave approval to honor a family request for copies of admission documents, she happily provided all paperwork in the packet. Most of the documents could be sent electronically but she also mailed copies of the documents. If the family lived out of state, she sent the documents via priority mail. If a tenant had cognitive impairment, they would not be admitted to the Independent Living

Program unless they moved in with a spouse. No concerns with provision of Admission/Discharge documents 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
	S0035	A. BUILDING: _____ B. WING _____	C 03/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE GROVE PLACE	2115 1ST AVENUE SE CEDAR RAPIDS, IA 52402

(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: 1 Total Population of Program at time of on-site: 18 TOTAL census of Assisted Living Program: 18 No regulatory insufficiencies were cited during the investigation of Complaint #58166-C.	A 000		

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