IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 57997-I

March 21, 2016

Ms. Kristi Zellmer, Administrator
Homestead of Knoxville
908 South Park Lane
Knoxville, IA 50219

RE: Final Complaint/Incident Investigation Report – Homestead of Knoxville, Knoxville, IA

Dear Ms. Zellmer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 15, 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.

1. Allegation: Service Plans
   Comments: Based on interviews and record review a tenant who lived in the Assisted Living was noted to be outside in the parking lot. A food service staff member and the hairstylist noticed her after she left the beauty salon. The tenant had no history of wandering or cognitive concerns. After the incident the Program completed evaluations for a change in condition and updated the service plan including the use of a Wandergard for the tenant.
   Findings: unsubstantiated

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
	S0132	A. BUILDING: _____ B. WING _____	C 03/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF KNOXVILLE	908 SOUTH PARK LANE KNOXVILLE, IA 50138

(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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 63 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 71 TOTAL census of Assisted Living Program: 71 No regulatory insufficiencies were cited during the investigation of Incident #57997-I.	A 000		

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