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 #: 55709-I

March 23, 2016

Ms. Carrie Young, Nurse Manager
River Bend Retirement Community
813 Tyler Street NE
Cascade, IA 52033

RE: Final Complaint/Incident Investigation Report – River Bend Retirement Community, Cascade, IA

Dear Ms. Young:

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.

The following allegation was investigated in regards to Incident #55709-I:

1. Allegation: Tenant Rights
   Findings: Unsubstantiated
   Comments: Review of a tenant file, a staff interview and review of Program documents did not reveal concerns related to tenant rights.

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
	S0237	A. BUILDING: _____ B. WING _____	C 03/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER BEND ASSISTED LIVING	813 TYLER STREET NE CASCADE, IA 52033

(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: 34 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 40 TOTAL census of Assisted Living Program: 40 An investigation of Incident #55709-I was completed. There were no regulatory insufficiencies identified related to the investigation of Incident #55709-I.	A 000		

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