IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 58922-I

April 20, 2016

Ms. Cindy Martin, Administrator
Timberland Village
725 Timberland Drive
Story City, IA 50248

RE: Final Complaint/Incident Investigation Report – Timberland Village, Story City, IA

Dear Ms. Martin:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 19, 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 – Staffing-The Program reported a tenant eloped from the Program.
   Findings – Not substantiated
   Comments: The tenant eloped during the day shift and was observed in the parking lot. Staff responded and returned the tenant to the building without injury. The tenant had no history of elopement. The Program instituted checks every 15 minutes following the elopement. The tenant had no other elopements.

2. Allegation – Level of Care
   Findings – Not Substantiated
   Comments: A tenant eloped from the Program. Evaluations completed within 30 days of admission revealed a significant decline in the tenant's cognitive ability. Discussion had begun at that time regarding the need for a higher level of care. The tenant eloped from the Program during the time the family was looking for placement. The tenant was discharged from the Program to a higher level of care shortly after the elopement.

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
	S0162	A. BUILDING: _____ B. WING _____	C 04/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERLAND VILLAGE	725 TIMBERLAND DRIVE STORY CITY, IA 50248

(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: 22 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 22 TOTAL census of Assisted Living Program: 22 No regulatory insufficiencies were cited during the investigation of Incident #58922-I.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE