

TERRY E. BRANSTAD
GOVERNORKIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #: 57716-C
58108-C**

April 26, 2016

Ms. Kathryn Moser, Administrator
Stoney Brook Village
705 S Pine Street
West Union, IA 52175**RE: Final Complaint/Incident Investigation Report – Stoney Brook Village, West Union, IA**

Dear Ms. Moser:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 14 & 18, 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. Complaint #57716-C and Complaint #58108-C were investigated. There were no regulatory insufficiencies cited related to the investigation of Complaint #57716-C and Complaint #58108-C.

The following allegations were investigated in regards to Complaint #57716-C:

Allegation: DIA notification

Findings: Unsubstantiated

Comments: Tenant file reviews, staff interviews, tenant interviews and review of Program documents did not reveal a regulatory insufficiency related to DIA notification.

Allegation: Service plans

Findings: Unsubstantiated

Comments: Tenant file reviews, staff interviews, tenant interviews and review of Program documents did not reveal a regulatory insufficiency related to service plans.

The following allegation was investigated in regards to Complaint #58108-C:

Allegation: Staffing

Findings: Unsubstantiated

Comments: Tenant file reviews, staff interviews, tenant interviews and review of Program documents did not reveal a regulatory insufficiency related to staffing.

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: S0238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/18/2016
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NAME OF PROVIDER OR SUPPLIER STONEY BROOK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 S PINE STREET WEST UNION, IA 52175
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(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	<p>481-69 Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 32 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 32</p> <p>TOTAL census of Assisted Living Program: 32</p> <p>Complaint #57716-C and Complaint #58108-C were investigated. There were no regulatory insufficiencies identified related to Complaint #57716-C or Complaint #58108-C.</p>	A 000		

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