IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 59227-C
59215-M

May 3, 2016

Ms. Pamela Wells, Director
Glenwood Place
2907 S. 6th Street
Marshalltown, IA 50158

RE: Final Complaint/Incident Investigation Report – Glenwood Place, Marshalltown, IA

Dear Ms. Wells:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 25, 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 reference to #59227-C.

1. Allegation: Level of Care.
   Comments: Four tenants were reviewed based on review of incident reports and staff interviews. Observations, interviews and review of records revealed no areas of concern. Nurse review and evaluations were completed as needed and service plans were updated. No regulatory insufficiencies were cited as a result of the complaint investigation.

In conjunction with the complaint investigation the monitor investigated potential dependent adult abuse. No regulatory insufficiencies were cited as a result of the mandatory abuse investigation. **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
	S0086	A. BUILDING: _____ B. WING _____	C 04/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD PLACE	2907 S 6TH ST MARSHALLTOWN, IA 50158

(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: 0 Number of tenants with cognitive disorder: 39 Total Population of Program at time of on-site:39 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site:17 TOTAL census of Assisted Living Program: 56 No regulatory insufficiencies were cited during the investigation of Complaint #59227-C and #59215-M.	A 000		

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