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 #: 59497-C

May 24, 2016

Ms. Chris Wolf, Administrator
Pioneer Place
415 E. Pioneer Road
Lone Tree, IA 52755

RE: Final Complaint/Incident Investigation Report – Pioneer Place, Lone Tree, IA

Dear Ms. Wolf:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 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. The following allegations were investigated in regards to Complaint #59497-C:

1. Allegation: Level of care
   Findings: Unsubstantiated
   Comments: Tenant file reviews, staff interviews and review of Program documents did not reveal a regulatory insufficiency related to level of care.

2. Allegation: Staffing
   Findings: Unsubstantiated
   Comments: Tenant file reviews, staff interviews, tenant community meetings 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
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
	S0061	A. BUILDING: _____ B. WING _____	C 05/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER PLACE AL	415 E PIONEER RD LONE TREE, IA 52755

(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: 3 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 3 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 5 TOTAL census of Assisted Living Program: 8 An investigation of Complaint #59497-C was completed. There were no regulatory insufficiencies identified related to Complaint #59497-C.	A 000		

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