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 #: 59605-C

June 17, 2016

Ms. Jean Palmer, Administrator
Kentucky Ridge AL
2060 Kentucky Avenue South
Mason City, IA 50401

RE: Final Complaint/Incident Investigation Report – Kentucky Ridge AL, Mason City, IA

Dear Ms. Palmer:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of June 7, 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 – Service Plans
   Findings – Not Substantiated
   Comments: Three tenant files were reviewed. Service plans met the identified needs of the tenants. Files were reviewed for physician orders and administration of medications. Physician orders were followed.

2. Allegation – Policy and Procedure
   Findings – Not Substantiated
   Comments: Three tenant files were reviewed. All three tenants had been discharged voluntarily from the Program. The Program had not initiated involuntary discharges for any of the three tenants reviewed. Procedures for discharge outlined in the occupancy agreement were followed.

3. Allegation – Level of Care
   Findings – Not Substantiated
   Comments: Three tenant files were reviewed. No tenants were identified as exceeding criteria for admission or retention in an assisted living program.

4. Allegation – Admission/Discharge
   Findings: Not Substantiated
   Comments: Three files were reviewed for tenants who had been discharged. All three tenants were voluntarily discharged from the Program. The Program had not initiated involuntary discharges.

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
	S0153	A. BUILDING: _____ B. WING _____	C 06/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENTUCKY RIDGE ASSISTED LIVING	2060 KENTUCKY AVE SOUTH MASON CITY, IA 50401

(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: 57 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 57 TOTAL census of Assisted Living Program: 57 No regulatory insufficiencies were cited during the investigation of Complaint # 59605-C.	A 000		

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