IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 10, 2016

Tim Nauslar, Administrator
Elm Crest Retirement Community
2108 12th Street
Harlan, IA 51537

Re: Elm Crest Retirement Community Investigation #61657-C

Dear Mr. Nauslar:

Complaint #61757-C was investigated at your program by a representative of the Department on 7/27/16. A summary of our findings is as follows:

Allegation – Structure/Life Safety: The environment of the Program was extremely warm and water dripped from the ceiling.
Findings – Not Substantiated
Comments: Observations and interviews with the Assisted Living Director, the Administrator, Maintenance, direct care staff, and tenant revealed the following: The air conditioner in the second floor lounge stopped working around the first of July 2016 and took approximately 10 days for parts and repair. Activities scheduled in the lounge during that time were moved to another area. Generally tenants and staff were unaffected, as another cooling system kept the hallways mostly cool. Tenants also preferred to keep windows open to allow the outside air in and because tenants also kept apartment doors open, the hallways were reported to be somewhat warmer. The tenants voiced no concerns over the cooling system and were generally comfortable. Apartments had individual cooling systems which could be adjusted to meet individual preferences. Temperatures in the Program during the onsite visit were in the mid 70's.

There was also reported a small leak in the ceiling of the first floor hallway. A small area of sheet rock had been noted to be wet. The wet area was removed and the area monitored for dryness and the appearance of mold. The moisture was attributed to water pipes that had not been wrapped allowing condensation to occur. The moisture had affected the sheet rock but was not significant enough to cause dripping onto the floor. The Program developed a plan to wrap the pipes when the pipes and ceiling had sufficient time to thoroughly dry.

No regulatory insufficiencies were cited.

We wish to thank you and your staff for the courtesies and cooperation extended to our staff during their recent visit. No response to this correspondence is necessary.

Sincerely,

Linda Kellen, Bureau Chief
Adult Services Bureau

Catie Campbell

Catie Campbell, Program Coordinator
Adult Services Bureau
Health Facilities Division
515-281-3759
Catie.Campbell@dia.iowa.gov

Enclosures: Statement of Deficiencies

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
	S0059	A. BUILDING: _____ B. WING _____	C 07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELM CREST RETIREMENT COMM	2108 12TH STREET HARLAN, IA 51537

(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: 30 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 32 TOTAL census of Assisted Living Program: 32 No regulatory insufficiencies were cited during the investigation of Complaint #61657-C.	A 000		

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