

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 12, 2016

Aimee Krebsbach, Nurse Manager
Faith Home Assisted Living
912 Davidson Drive
Osage, IA 50461

Re: Faith Home Assisted Living Recertification Visit

Dear Ms. Krebsbach:

A recertification visit was conducted at your program by Margaret Kaltefleiter on 8/2/16 to determine if the program remains in substantial compliance with certification requirements for Assisted Living Program (ALP).

Your program was found to be in substantial compliance. You and your staff are to be commended for your efforts.

We wish to thank you and your staff for the courtesies and cooperation extended to our survey staff during their recent visit. If you have any questions regarding this visit, please contact your Program Coordinator.

Sincerely,

Linda Kellen, Bureau Chief
Adult Services Bureau



Catie Campbell, Program Coordinator
Adult Services Bureau
Health Facilities Division
515-281-3459
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: S0231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/02/2016
NAME OF PROVIDER OR SUPPLIER FAITH HOME ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 912 DAVIDSON DRIVE OSAGE, IA 50461		
(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: 15 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 15 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE