STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP013	A. BUILDING _____ B. WING _____	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 33 Number of tenants with cognitive disorder: 1 Memory Care Unit Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 6 TOTAL Census of Assisted Living Program for People with Dementia: 44 No regulatory insufficiencies were cited during the investigation of Complaint #84546-C.	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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

KIM REYNOLDS
GOVERNOR
ADAM GREGG
LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

October 10, 2019

Di Smith, Administrator
Arlington Place of Red Oak
800 East Ratcliff Road
Red Oak, Iowa 51566

Re: Arlington Place of Red Oak Investigation #84546-C

Dear Ms. Smith:

Complaint #84546-C was investigated at your program by a representative of the Department from 8/21 – 9/12/19. A summary of our findings is as follows:

Staffing: Not Substantiated
Comments: Based on interview and record review the concern regarding staffing could not be substantiated. The Program provided an adequate number of appropriately trained staff to meet tenant needs. 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
515-281-3759
catie.campbell@dia.iowa.gov

Enclosures: Statement of Deficiencies

ARLINGTON PLACE OF RED OAK

COMPLAINT 84546-C

TENANT LIST

4/15 -4/16/19

TENANTS:

1. KATHRYN HART
2. JANET WHIGHAM
3. VELMA MCFARLAND

IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
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KIM REYNOLDS
GOVERNOR
ADAM GREGG
LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

October 11, 2019

Kathy Tornquist
4920 228th Avenue NE
Redmond, Washington 98053

Re: Arlington Place at Red Oak 84546-C

Dear Ms. Tornquist:

Your complaint regarding Arlington Place at Red Oak was investigated by a representative of this department on 8/21 – 9/12/19. A summary of our findings is as follows:

Staffing: Unsubstantiated
Comments: Based on interview and record review your concern regarding staffing could not be substantiated. When your mother who did not have a documented cognitive impairment left the Program staff followed and tried to convince her it would be in her best interest to return to the Program. Interviews confirmed it was a hot summer day and staff followed offering the tenant water. The Program brought an air conditioned bus to encourage your mother to return but she refused. The police were called and eventually your mother chose to go to the hospital. The Program an adequate number of appropriately trained staff to meet tenant needs. No regulatory insufficiencies were cited.

The fact that a complaint was not substantiated does not mean problems did not exist prior to the investigation. In most cases, our findings must be based on the current situation. The investigation of a complaint sometimes improves conditions and heightens awareness of staff that there has been dissatisfaction with the facility.

If you have future concerns regarding this or any other matter, we encourage you to contact the program administrator and/or our office. Another agency that can be of assistance in these matters is:

Iowa Department on Aging
510 East 12th Street, Ste. 2
Des Moines, IA 50319-9025
515-725-3333
1-800-532-3213

Sincerely,

Linda Kellen, Bureau Chief
Adult Services Bureau

Catie Campbell

Catie Campbell, Program Coordinator
Adult Services Bureau
515-281-3759
catie.campbell@dia.iowa.gov

Enclosures: complaint follow-up questionnaire
self-addressed envelope