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
	S0075	A. BUILDING: _____ B. WING _____	C 12/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY ACRES CENTRAL AL	3520 GRAND AVE DES MOINES, IA 50312

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 34 Number of tenants with cognitive disorder: 1 Total census of Assisted Living Program: 35 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program. There were no regulatory insufficiencies cited during the onsite infection control survey or the investigation of Complaints #91236-C and #914890-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
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

January 11, 2021

Brandon Kranovich
Wesley Acres Central AL
3520 Grand Ave.
Des Moines, IA 50312

Re: Wesley Acres Central AL Rectification Visit
Onsite Infection Control Survey
Complaint #91236-C, #91489-C

Dear Mr. Kranovich:

A recertification visit was conducted at your program by Stephanie Dodge from 12/9/20 and 12/14/20 to determine if the program remains in substantial compliance with certification requirements for an Assisted Living Program. An onsite infection control survey was conducted at your program at the same time and no regulatory insufficiencies were cited.

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

During the course of the recertification visit, the investigation of Complaints #91236-C and #91489-C were also conducted. A summary of our findings is as follows:

Complaint #91236-C:
Medication Management: Unsubstantiated
Comments: Based on interview and record review it was determined reviewed tenants received medications as prescribed.

Complaint #91489-C
Medication Management: Unsubstantiated
Comments: Based on interview and record review it was determined reviewed tenants received medications as prescribed.

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

Sincerely,
Linda Kellen, Bureau Chief
Adult Services Bureau

Deb Dixon
Program Coordinator
Adult Services Bureau
515-281-4081
deb.dixon@dia.iowa.gov

Enclosures: Statement of Deficiencies