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

Complaint/Incident Intake #: 50925-C

January 5, 2015

Ms. Kathy Patrick, Director
Petersen Commons Assisted Living
1607 W. 12th Street
Davenport, IA 52773

RE: Final Complaint/Incident Investigation Report – Petersen Commons, Davenport, IA

Dear Ms. Patrick:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of December 17, 2014, 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. **No Regulatory Insufficiencies were identified.**

1. Allegation – Nurse Review/Assessment

   Findings – Not Substantiated
   Comments – Based on staff/tenant interviews and tenant record review, the Program nurse was completing assessments when appropriate and nurse reviews were initiated when warranted. Five tenants who required nursing assessments and emergency services during recent incidents were reviewed. In each case, the Program nurse provided assessment and 911 was called. Nurse reviews were completed appropriately. There was not sufficient evidence to conclude that staff treated any of the 5 tenants in a manner that lacked dignity and respect.

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
	S0214	A. BUILDING: _____ B. WING _____	C 12/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PETERSEN COMMONS	1607 WEST 12TH STREET DAVENPORT, IA 52804

(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: 44 Number of tenants with cognitive disorder: 2 Total population of Program at time of on-site: 46 Total census of Assisted Living Program: 46 No insufficiencies were cited during the investigation of Complaint # 50925.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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