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

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 23, 2015

**Complaint Intake #: 51718-C**

Ms. Kathleen Patrick, Administrator
Petersen Commons
1607 W. 12th Street
Davenport, IA 52804

**RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Petersen Commons, Davenport, IA**

Dear Ms. Patrick:

Enclosed is the **Final Complaint Investigation & Recertification Monitoring Evaluation Report** 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. The following allegations were investigated and unsubstantiated in regards to Complaint #51718-C.

ALLEGATION: STAFFING
FINDINGS: UNSUBSTANTIATED
Based on review of five tenant files, review of incident reports, review of medication error reports, nurse delegations, review of six personnel files, review of staffing policy and staff interviews there were no concerns regarding staff availability and training. Documentation of nurse delegation was provided for all hands on care givers.

ALLEGATION: STRUCTURE/LIFE SAFETY
FINDINGS: UNSUBSTANTIATED
A Fire Marshall visit was conducted on 5-18-15 and their investigation resulted in the complaint being unfounded.

ALLEGATION: LEVEL OF CARE
FINDINGS: UNSUBSTANTIATED
Based on review of five tenant files and staff interviews, there were no tenants who exceeded level of care. A community meeting was held with 16 tenants and one private tenant interview was conducted. No concerns regarding tenants exceeding level of care were reported by the tenants.

**No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0214** with effective dates of **July 8, 2015** through **July 7, 2017**.

If you have any questions in regard to this certification, 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 04/14/2015 |

| 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<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 47<br>Number of tenants with cognitive disorder: 2<br>Total Population of Program at time of on-site: 49<br><br>TOTAL census of Assisted Living Program: 49<br><br>No regulatory insufficiencies were cited during the Recertification and Complaint Investigation #51718-C. | A 000 | | |