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 #: 50779-I

December 12, 2014

Ms. Linda McGinity, Manager
Willows AL
710 Arbor Court
Mount Pleasant, IA 52641

RE: Final Complaint/Incident Investigation Report – Willows AL, Mount Pleasant, IA

Dear Ms. McGinity:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of December 2, 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. The following allegation was investigated in regards to Incident #50779-I:

Allegation: Staffing

Findings: Unsubstantiated

Comments: Based on a tenant file review, staff interviews, monitor observation, review of incident reports and Program documents there were no concerns with staffing regarding the incident involving the tenant indicated in the Program's self-report. The tenant had impaired decision making ability and left the building on 11-8-14. The exit door alarm functioned appropriately and staff responded; however, the tenant was not seen at that time. Staff continued to check inside the building and checked outside the building again and was proceeding to call management staff when staff was alerted the tenant was next door at a neighboring business. The tenant did not sustain any injuries and was redirected back to the Program. According to the Program's investigation, it was determined the tenant was out of the building for approximately 10 minutes and was approximately 30 yards from the building. Staff followed the applicable policies and procedures related to the incident. After the incident with the tenant an electronic wandering monitoring device was installed on the main door with plans to install the device on the remaining doors. The tenant's service plan did not reflect the electronic wandering monitoring device. While a deviation from requirements of

the rules was found, it did not meet the standard set forth in rule 67.10(3) for determining that a regulatory insufficiency exists. **No Regulatory Insufficiencies were identified.**

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
	S0230	A. BUILDING: _____ B. WING _____	C 12/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS ASSISTED LIVING	710 ARBOR COURT MOUNT PLEASANT, IA 52641

(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. Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 7 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 12 TOTAL census of Assisted Living Program: 12 No regulatory insufficiencies were cited during the investigation of Incident #50779-I.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE