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

August 9, 2016

Susan Nelson, Administrator
Northwood Pines AL
700 10th Street N
Northwood, IA 50459

Re: Recertification Visit

Dear Ms. Nelson:

A recertification visit was conducted at your program by Margaret Kaltefleiter on 8/1/2016 to determine if the program remains in substantial compliance with certification requirements for an AL program.

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

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

Sincerely,
Linda Kellen, Bureau Chief
Adult Services Bureau

Deb Dixon

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

Enclosures: Statement of Deficiencies and Plan of Correction

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
	IAALP271	A. BUILDING: _____ B. WING _____	08/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOOD PINES ASSISTED LIVING	700 10TH STREET NORTH NORTHWOOD, IA 50459

(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: 14 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 14 TOTAL census of Assisted Living Program: 14 No regulatory insufficiencies were cited during the Recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000		

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