

KIM REYNOLDS  
GOVERNOR  
ADAM GREGG  
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

January 8, 2018

Doug Junker, Administrator  
Vintage Park Apartments  
810 East Van Buren  
Lenox, Iowa 50851

Re: Vintage Park Apartments

Dear Mr. Junker:

A recertification visit was conducted at your program by Jana Smith on 12/18/17 -12/19/17 to determine if the program remains in substantial compliance with certification requirements for Assisted Living Program for persons with Dementia. (ALP/D).

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 visit, please contact your Program Coordinator.

Sincerely,  
Linda Kellen, Bureau Chief  
Adult/Special Services Bureau

*Deb Dixon*

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

Enclosure: Statement of Deficiencies

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0179</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VINTAGE PARK APARTMENTS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>810 EAST VAN BUREN LENOX, IA 50851</b>
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(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
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A 000	<p><b>Initial Comments</b></p> <p>Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site.</p> <p><b>General Population</b> Number of tenants without cognitive disorder: 30 Number of tenants with cognitive disorder: 4</p> <p><b>Memory Care Unit</b> Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 6</p> <p><b>TOTAL Census of Assisted Living Program for People with Dementia: 40</b></p> <p>There were no regulatory insufficiencies cited during the recertification visit conducted to determine compliance with certification rules.</p>	A 000		
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DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE