IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 3, 2009

Linda Schleisman, Administrator
Premier Estates
1510 S. Carroll
Rock Rapids, IA 51246

RE: Final Recertification Monitoring Evaluation Report, Premier Estates, Rock Rapids, IA

Dear Ms. Schleisman:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC. The Final report is enclosed.

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 with effective dates of **June 10, 2009 through June 9, 2011**. If you have any questions regarding this certification, please contact me at 515/281-5721.

Sincerely,

Tamara Halvorson

Tamara Halvorson
ASB Lead Certification Coordinator
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Linda Schleisman, Administrator
Premier Estates
1510 S. Carroll
Rock Rapids, IA 51246

Date of Monitoring Visit:

May 20, 2009

Monitor(s):

Michael Streepy, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Premier Estates on May 20, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	21
Current number of tenants with cognitive disorder:	3
Total Population:	24

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting was held with 14 tenants. Tenants characterized the living environment of the program as real good with any concerns being taken care of promptly. Staff are very good, friendly and helpful with requests for assistance being responded to in 10 minutes or less. The food is good with two choices at each meal and plenty offered. Tenants stated activities are good. They feel safe in the program and participate in fire drills. The tenants stated they are receiving services as stated in the occupancy agreements and are aware of limitations. They make their own decisions with no restrictions. Tenants stated satisfaction with medical services. The tenants are generally satisfied with the program and would recommend it to friends and family members.

Program History – There were no substantiated regulatory insufficiencies found during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Monitoring Observation: Tenant #2 was admitted to the program on 04-19-09 with diagnoses including: Fracture of the Vertebrae, Bipolar Disease, Depression, Anxiety, Hypertension and Hypothyroid Disease. Review of the tenant's record revealed the occupancy agreement dated 04-12-09 did not include a Managed Risk Disclosure Statement. Review of the program occupancy agreement revealed it did not include a Managed Risk Disclosure Statement. Interview with the program nurse confirmed tenants are not provided with a Managed Risk Disclosure Statement and this was confirmed with the Administrator.

- Regulatory Insufficiency: The program did not consistently ensure that prior to the tenants taking occupancy, the tenant or tenant's legal representative, if applicable, and the program shall enter into an occupancy agreement that clearly describes the rights and responsibilities of the tenant and the program, and shall sign a managed risk policy disclosure statement. (25.22(1))

Dated this 3rd day of June 2009.