

INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

August 3, 2011

Ms. Stefanie Geigle, Administrator
Premier Estates Assisted Living
1510 S. Carroll
Rock Rapids, IA 51246

**RE: Final Recertification Monitoring Evaluation Report – Premier Estates
Assisted Living, Rock Rapids, IA**

Dear Ms. Geigle:

Enclosed is the **Final 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.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, 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 **S0047** with effective dates of **June 10, 2011** through **June 9, 2013**.

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If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Stefanie Geigle, Administrator
Premier Estates Assisted Living
1510 S Carroll
Rock Rapids, IA 51246

Date of Monitoring Visit:

June 2, 2011

Monitor(s):

Lori Miner, RN BSN

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Premier Estates Assisted Living on June 2, 2011. 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: 0

Total Population: 21

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 meeting was held with 17 tenants. The best thing about the program was that it felt like home; the food was generally good and the people were friendly. Housekeeping was completed to the tenants' satisfaction in apartments and common areas. Maintenance requests received a prompt response. Sidewalks were kept cleared in the winter. The tenants indicated the staff was very good; they were treated with kindness and respect. Requests for assistance were met in five to ten minutes. The food was reported to be generally good; hot foods could sometimes be hotter. There were activities offered. The tenants reported more live entertainment was needed in the assisted living building. Card games were plentiful; however, a variety of card games was needed, as well as more non-card game activities. The tenants reported they felt safe at the program, were generally satisfied, and would recommend the program to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Food Service

Monitoring Observation: Staff #1 was hired 3-9-11 as dietary staff. Staff #2 was hired 11-12-10 as a guest service worker. During the onsite visit, a guest service worker was observed serving food to tenants. The program provided documentation of food safety training for both employees on 5-6-11. The program failed to provide documentation of food safety training during the employee orientation period. The program failed to provide documentation of food safety training prior to handling food.

Staff #3 was hired 5-22-09 as a guest service worker. The program provided documentation of food safety training on 7-8-09. The program failed to provide documentation of annual food safety training.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. (IAC r. 481-69.28(5))

B. Staffing

Monitoring Observation: The current delegating registered nurse was hired 9-11-72. The program failed to provide documentation of assisted living rules training for the nurse.

- Regulatory Insufficiency: All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rules and laws on assisted living. As of January 1, 2011, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule. (IAC r. 481-69.29(6))

Dated this 21st day of June, 2011.