

TERRY E. BRANSTAD
GOVERNORKIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

November 10, 2015

Ms. Heather Frank, Manager
Edgewater Assisted Living
9250 Edgeline Drive
West Des Moines, IA 50266**RE: Final Recertification Monitoring Evaluation Report – Edgewater Assisted Living, West Des Moines, IA**

Dear Ms. Frank:

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. **No Regulatory Insufficiencies were found during this evaluation.**

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 **S0296** with effective dates of **September 2, 2015** through **September 1, 2017**.

If you have any questions in regard to this certification, 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: S0296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/04/2015
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NAME OF PROVIDER OR SUPPLIER EDGEWATER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9250 EDGELINE DRIVE WEST DES MOINES, IA 50266
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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
A 000	<p>481-67 Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 27 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 28</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 15</p> <p>TOTAL census of Assisted Living Program: 43</p> <p>No regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program.</p>	A 000		

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