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

November 13, 2015

Complaint Intake #: 55706-C

Ms. Judith Roddy, Manager
Park Place Estates
900 Lincoln Street NE
LeMars, IA 51031

RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Park Place Estates, LeMars, IA

Dear Ms. Roddy:

Enclosed is the **Final Complaint Investigation & 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. The following allegation was investigated in conjunction with the survey.

Allegation: Admission/Discharge
Findings: Unsubstantiated
Comments: Based on interviews and record review the Program conducted initial assessment/evaluations on tenants to determine appropriateness for the Program. Ongoing evaluations were completed as necessary and as changes developed. Program staff, in cooperation with tenants and families, planned and prepared for discharge when tenants no longer met level of care for the Program. Involuntary discharge notices had not been served to any tenants over the past year.

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 **S0021** with effective dates of **December 1, 2015** through **November 30, 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0021	A. BUILDING: _____ B. WING _____	C 10/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ESTATES	900 LINCOLN ST NE LE MARS, IA 51031

(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: 25 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 26 TOTAL census of Assisted Living Program: 26 A recertification visit and investigation #55706-C were conducted at the Program on 10/29/15. No regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program. No regulatory insufficiencies were cited during the investigation #55706-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE