

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 58988-C

May 17, 2016

Ms. Jean Parrish, Director
Prime Living Apartments
108 1st Avenue NW
LeMars, IA 51031

**RE: Final Complaint/Incident Investigation Report – Prime Living Apartments,
LeMars, IA**

Dear Ms. Parrish:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 3 - 5, 2016, 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. Based on observations, staff interviews, and review of tenant files, incident reports, and program policies, the following was found:

1. Tenant Rights

Comments: The Program administrator had assisted tenants with writing checks for paying bills. The administrator had also assisted a tenant with transferring money from one bank to another and purchasing items such as groceries and prescriptions. The Program had policies in place addressing staff purchasing items for tenants and the administrator's supervisor had been made aware of the assistance given to the tenant. The administrator said she no longer assisted the tenant with finances. In addition, mildew was found in a tenant's closet on the ceiling. The administrator said she was unaware of the mildew and would have it repaired.

No Regulatory Insufficiencies were identified.

If you have any questions regarding the enclosed Report, 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: S0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/05/2016
NAME OF PROVIDER OR SUPPLIER PRIME LIVING APARTMENTS			STREET ADDRESS, CITY, STATE, ZIP CODE 108 1ST AVENUE NW 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: 19 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 19 TOTAL census of Assisted Living Program: 19 No regulatory insufficiencies were cited during the investigation of #58988-C.	A 000			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE