

CHESTER J. CULVER
GOVERNOR

DEAN A. LERNER, DIRECTOR

PATTY JUDGE
LT. GOVERNOR

November 30, 2009

Sheri Weaver Isvik, Administrator
Courtyard Assisted Living
401 W 10th Ave N
Clear Lake, IA 50428-4202

RE: Initial Certification Monitoring Evaluation Report, Courtyard Assisted Living, Clear Lake, IA

Dear Ms. Weaver-Isvik:

Enclosed is the **Initial Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were found during this evaluation.**

The on-site evaluation of your program demonstrates regulatory compliance, and your certification will continue for a period of two years, without interruption, from the original date of certification.

The Assisted Living Program Certificate #S0128 is enclosed with effective dates of **October 1, 2009 through September 30, 2011**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515-281-5003.

Sincerely;



Connie Schaffer
Certification Coordinator – Central Iowa
Adult Services Bureau

Enclosure

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION
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INVESTIGATIONS
(515) 281-5714
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**Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report**

Assisted Living Program:

Sheri Weaver Isvik, Administrator
Courtyard Assisted Living
401 W 10th Ave N
Clear Lake, IA 50428-4202

Date of Monitoring Visit:

November 18, 2009

Monitor(s):

Hal L. Chase, RN BSN MPH

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 Courtyard Assisted Living on November 18, 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: | 9 |
| Current number of tenants with cognitive disorder: | 0 |
| Total Population: | 9 |

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 in the dining room with 20 tenants in attendance. Tenants stated the program was a nice place to live. Staff were polite and courteous and were trained to provide the services needed. Tenants stated the food was good, with a variety of food offered including fresh fruits and vegetables. Tenants stated there were enough activities offered throughout the week. Tenants stated they felt safe, were getting the services they expected and make their own decisions. Tenants stated staff responds within five minutes of being called. Tenants stated they are generally satisfied with the program and would recommend the program to friends and family.

Program History – There have not been any substantiated Regulatory Insufficiencies during this recertification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas. There were not regulatory insufficiencies during this onsite investigation.

Dated this 30th day of November, 2009.