IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

June 1, 2010

Lynne Popp, LBSW Manager
Clover Ridge Retirement Community
205 Ehlers Lane
Maquoketa, IA 52060-9615

RE: Recertification Monitoring Evaluation Report, Clover Ridge Retirement Community, Maquoketa, IA

Dear Ms. Popp:

Enclosed is the **Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) pursuant to the Code of Iowa Chapter 231C and the Iowa Administrative Code chapters 67 & 69. **No Regulatory Insufficiencies were found during this evaluation.**

The review of the recertification documents you submitted have been completed and 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 **#S0078** with effective dates of **May 4, 2010** through **May 3, 2012.** This certificate must be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Lynne Popp, LBSW Manager
Clover Ridge Retirement Community
205 Ehlers Lane
Maquoketa, IA 52060-9615

Date of Monitoring Visit:

May 11, 2010

Monitor(s):

Stephanie Cummins, MA

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 Clover Ridge Retirement Community on May 11, 2010. 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:	28
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	29

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	10

Total Census of ALP: 39

***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 with 13 tenants was held. Tenants did not have any issues with housekeeping, laundry or maintenance. They described staff as great, indicated they answered requests for assistance promptly and stated they knocked before entering their apartments. Tenants stated they seemed short staffed on weekends, however; they were getting the cares they required. Tenants reported the temperature and variety of the food was appropriate, they enjoyed the fresh fruit and they liked the choices offered at meals. Tenants stated there were sufficient activities offered, such as, Bingo, music, outings and cards and they received an activity calendar. They felt they were getting the services they expected when they moved in, they made their own decisions and the nurse was available when needed. Tenants were satisfied with the program and would recommend it to others. One tenant stated the program provided a balance between what was needed and what he/she could do independently. Another tenant stated everything was wonderful.

Program History – There were no substantiated Regulatory Insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas. **There were no regulatory insufficiencies found during this on-site recertification monitoring evaluation.**

Dated this 28th day of May, 2010.