IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

July 19, 2010

Debbie Heldt, Administrator
Maple Crest Assisted Living
98 Bolger Drive
Fayette, IA 52142-9716

RE: Final Recertification Monitoring Evaluation Report – Maple Crest Assisted Living, Fayette, IA

Dear Ms. Heldt:

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 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 **S0204** with effective dates of **April 30, 2010** through **April 29, 2012**.

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

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator - Central/Eastern
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Debbie Heldt, Administrator
Maple Crest Assisted Living
98 Bolger Drive
Fayette, IA 52142-9716

Date of Monitoring Visit:

July 8, 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 Maple Crest Assisted Living on July 8, 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:	12
Current number of tenants with cognitive disorder:	0
Total Population:	12

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 with 12 tenants was held. The tenants did not have any concerns regarding housekeeping, laundry or maintenance. They described staff as competent and pleasant. The tenants stated their needs were met and staff answered requests for assistance quickly. They did not have any concerns regarding the response from the attached nursing facility during the overnight hours. The tenants reported staff were busy; however, they were getting everything they needed. They requested an increased variety of foods including different types of lettuce, salad dressings and desserts. The tenants said the meat did not have much taste and the beef patties needed improvement. They also requested different types of vegetables and stated too many carrots and beans were served. The tenants reported they had a good response from administrative staff regarding previous issues including additional outside seating areas, chair cushions and more salads. They received an activity calendar and they enjoyed Bingo and balloon volleyball. There were sufficient activities offered and the activities had improved, according to the tenants. They felt safe and made their own decisions. The tenants reported the nurse was available when needed. They were satisfied with the program and would recommend it to others.

Program History – There have been no substantiated Regulatory Insufficiencies during this recertification period.

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

Dated this 19th day of July, 2010.