

TERRY E. BRANSTAD  
GOVERNOR

KIM REYNOLDS  
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 1, 2012

Mr. Nathan Gjerstad, Manager  
Clover Ridge Place  
205 Ehlers Lane  
Maquoketa, IA 52060

**RE: Final Recertification Monitoring Evaluation Report – Clover Ridge Place,  
Maquoketa, IA**

Dear Mr. Gjerstad:

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 **S0078** with effective dates of **May 4, 2012 through May 3, 2014.**

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

Sincerely,

*Jim Berkley*

Jim Berkley  
Program Coordinator  
Adult Services Bureau

Enclosure

**IOWA DEPARTMENT OF INSPECTIONS AND APPEALS**  
**Assisted Living Program**  
**Final Recertification Monitoring Evaluation Report**

**Assisted Living Program:**

Nathan Gjerstad, Manager  
Clover Ridge Place  
205 Ehlers Lane  
Maquoketa, IA 52060

**Date of Monitoring Visit:**

February 8, 2012

**Monitor(s):**

Margaret Kaltefleiter, RN MS

**Definitions:** *The following definitions are relevant:*

**Assisted Living Program** – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

**Dementia-Specific Assisted Living Program** - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

**Regulatory Insufficiency** - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

**Overview:** *In preparing this report, the following information was considered:*

**Current Program Census**

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.

| <b>General Population Program</b>              |    |
|------------------------------------------------|----|
| Number of tenants without cognitive disorder:  | 21 |
| Number of tenants with cognitive disorder:     | 0  |
| Total Population of Program at time of on-site | 21 |
| <b>Dementia-Specific Program by Dedication</b> |    |
| Number of tenants without cognitive disorder:  | 17 |
| Number of tenants with cognitive disorder      | 3  |
| Total Population of Program at time of on-site | 20 |
| <b>TOTAL census of Assisted Living Program</b> | 41 |

**Tenant/Family Satisfaction Results** – A community meeting was held with 19 tenants. The tenants stated everything about the Program made it a great place to live. Housekeeping services were completed to their satisfaction and the building and grounds were safe, clean and sanitary. Nursing services were available and staff responded within a few minutes when called for assistance. Services were provided as expected when tenants signed the occupancy agreement. The tenants described the care received as being very good. Staff treated the tenants wonderfully, knew what services to provide and was trained appropriately. The tenants liked the food, stated they received a good variety of items and food was served at the appropriate temperature. There were plenty of activities offered and tenants received a monthly activity calendar. The tenants stated they would like the Program to purchase exercise equipment, such as a treadmill, for their use. Tenants made their own decisions, felt safe, were generally satisfied with the Program and had recommended it to others.

**Program History** – The Program did not receive any regulatory insufficiencies during this certification period.

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