

TERRY E. BRANSTAD  
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS  
LT. GOVERNOR

March 14, 2014

Ms. Joanie Brewer, Executive Director  
Maple Ridge Assisted Living  
2102 South Market Street  
Oskaloosa, IA 52577**RE: Final Recertification Monitoring Evaluation Report – Maple Ridge Assisted Living, Oskaloosa, IA**

Dear Ms. Brewer:

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 the documents 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 **S0186** with effective dates of **February 23, 2014** through **February 22, 2016**.

If you have any questions in regard to this certification, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

*Rose Boccella*Rose Boccella  
Program Coordinator  
Adult Services Bureau

Enclosure

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

**Assisted Living Program:**

Joanie Brewer, Executive Director  
Maple Ridge Assisted Living  
2102 South Market Street  
Oskaloosa, IA 52577

**Date of Monitoring Visit:**

March 4 & 5, 2014

**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:**

An on-site monitoring evaluation was conducted at [program name] on [date(s)]. 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.

#### **General Population Program**

|                                                |    |
|------------------------------------------------|----|
| Number of tenants without cognitive disorder:  | 65 |
| Number of tenants with cognitive disorder:     | 0  |
| Total Population of Program at time of on-site | 65 |

#### **Dementia-Specific Program by Dedication**

|                                                |   |
|------------------------------------------------|---|
| Number of tenants without cognitive disorder:  | 0 |
| Number of tenants with cognitive disorder:     | 7 |
| Total Population of Program at time of on-site | 7 |

|                                                |           |
|------------------------------------------------|-----------|
| <b>TOTAL census of Assisted Living Program</b> | <b>72</b> |
|------------------------------------------------|-----------|

**Tenant/Family Satisfaction Results** – A community meeting was held with 28 tenants. They stated living at the Program was great and it couldn't be better. Housekeeping services were completed to their satisfaction and the buildings and grounds were safe clean and sanitary. Nursing services were available and staff responded within five minutes when assistance was requested. They received the services expected when they signed the occupancy agreement. Tenants described staff as great and the care received was very good and excellent. Staff was trained appropriately and knew what services to provide. The tenants stated they liked the food and a good variety of meats, vegetables and desserts were offered. Staff served the food appropriately. Several tenants stated the food was not as hot as they desired but food could be sent back to the kitchen to be warmed up. Snacks were available whenever the tenants desired. One tenant requested less starches be served. Plenty of activities were offered and the tenants enjoyed playing Bingo, cards and exercises. Several tenants requested shuffleboard as a new activity. The tenants felt safe, made their own decisions, were generally satisfied with the Program and had recommended it to others. Overall the tenants stated they were very satisfied. Several tenants reported cold air coming in through the windows in their apartments.

**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.