

TERRY E. BRANSTAD  
GOVERNOR

KIM REYNOLDS  
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 11, 2014

Mr. Travis Senters, Director  
MeadowView Memory Care Village  
3005 F Avenue NW  
Cedar Rapids, IA 52405

**RE: Final Recertification Monitoring Evaluation Report – MeadowView  
Memory Care Village, Cedar Rapids, IA**

Dear Mr. Senters:

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 S0228 with effective dates of **February 8, 2014 through February 7, 2016.**

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

Travis Senters, Director  
MeadowView Memory Care Village  
3005 F Avenue NW  
Cedar Rapids, IA 52405

**Date of Monitoring Visit:**

March 5 and 6, 2014

**Monitor(s):**

Stephanie Cummins, MA

**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>Dementia-Specific Program by Dedication</b> |           |
|------------------------------------------------|-----------|
| Number of tenants without cognitive disorder:  | 1         |
| Number of tenants with cognitive disorder:     | 48        |
| Total Population of Program at time of on-site | 49        |
| <b>TOTAL census of Assisted Living Program</b> | <b>49</b> |

**Tenant/Family Satisfaction Results** – Two family interviews were conducted. Observations were made by the monitor during the onsite. There were no concerns regarding housekeeping services. The building and grounds were safe, clean and sanitary. Staff was described as very caring, kind, gentle and pleasant. Tenants received the services requested. The food was described as fine and great. There was a good variety of foods offered and there was enough food served. The special meals for holidays were described as remarkable and the events were well attended. There were no improvements provided regarding the food. Staff responded very well to situations that came up a meal times. The tenants received the services expected when the occupancy agreement was signed. There were no concerns voiced regarding tenant safety. Nursing services were available and nursing staff had good communication with families. There was a variety of activities offered and the tenants enjoyed manicures, spending time in the courtyard, scenic bus rides, cooking and musical activities. A comment was made regarding how “neat” the layout of the building was and that it was a quarter of a mile around the interior of the building. The tenants were well cared for and a comment was made regarding the Program being a balance of kindness and safety for the tenants. They would recommend the Program to others and were satisfied with it. The monitor observed the building appeared to be clean, there were activities scheduled and well attended. The meal was observed and staff served the tenants appropriately.

**Program History** – During the course of the Recertification visit conducted on March 5 and 6, 2014 the Program did not receive any regulatory insufficiencies.

**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.**