IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

February 9, 2016

Ms. Janette Simon, Director
Eagle Ridge Independent & Assisted Living
1329 Acre Street
Guttenberg, IA 52052

RE: Final Initial Certification Monitoring Evaluation Report, Eagle Ridge Independent & Assisted Living, Guttenberg, IA

Dear Ms. Simon:

Enclosed is the **Final Initial Certification 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 on-site evaluation demonstrates regulatory compliance by the Program, and the Program's certification will continue for a period of two years, without interruption, from the original date of certification.

Enclosed you will find the Assisted Living Program Certificate **S0354** with effective dates of **September 1, 2015** through **August 31, 2017**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding 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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0354	A. BUILDING: _____ B. WING _____	02/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE RIDGE IND & ASSISTED LIVING	1329 ACRE STREET GUTTENBERG, IA 52052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-69 Initial Comments 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: 2 Number of tenants with cognitive disorder: 0 Total population of Program at time of on-site: 2 Total census of Assisted Living Program: 2 No regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification for an Assisted Living Program.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE