Iowa Department of Inspections and Appeals
Assisted Living Program
Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Dr. Greg Witte
Risen Son Christian Village
3000 Risen Son Blvd.
Council Bluffs, IA 51503

Date of Monitoring Visit:

January 4, 2005

Monitor(s):

Hal L. Chase RN BSN MPH

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 [321 IAC 25.8(3)]. 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 an Initial Certification Monitoring Evaluation Report. Depending on the circumstances, DIA may re-visit 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 this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Risen Son Christian Village on January 4, 2005. In preparing this report, the following information was considered:

Current Program Census:

***General Population Program (GPP)* –** Not applicable.

***Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.**

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	14
Total Population:	14

Tenant/Family Satisfaction Results – A community meeting was not held due to the tenants' inability to participate based on the tenant's level of cognition.

Complaint History – There were no substantiated complaints filed this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Four of four tenant files reviewed did not have a complete evaluation of each tenant's cognitive abilities and health status prior to and within 30 days of admission. The program did, however, evaluate each tenant's functional abilities within the appropriate timeframe.

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's cognitive abilities and health status prior to and within 30 days of admission.

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Monitoring Observation: Four tenant files reviewed indicated that three tenants met criteria for exclusion of tenant. Tenant #1 had numerous verbal and physical aggression incidents toward staff and tenants despite interventions by program. Tenant #2 required routine two-person assists for transferring from bed, chair and toilet. Tenant #2 also had difficulty swallowing frequently spitting out fluids and medications. Tenant #3 required routine two-person assist with standing, transferring or evacuation.

- Regulatory Insufficiency: The program did not transfer tenants that required a higher level of care than the program can provide.

C. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Four of four tenant files reviewed indicated that service plans were initiated prior to admission but were not updated within 30 days and signed by a multi-disciplinary team of no less than three staff members including a health care professional plus the tenant and/or legal representative.

Four of four tenant files reviewed did not have planned and spontaneous activities based on the tenant's abilities and personal interests documented in each tenant's service plan.

- Regulatory Insufficiency: The program did not update each tenant's service plan within 30 days of admission in conjunction with a multi-disciplinary team plus the tenant and/or legal representative to identify the services needed by the tenant.

- Regulatory Insufficiency: The program did not identify and document planned and spontaneous activities based on tenant's abilities and personal interests in each tenant's service plan.

D. Exit Door Alarm System – A dementia-specific program shall have an operating alarm system connected to each exit door. [321 IAC 25.37(2)]

Monitoring Observation: During a tour of the program it was observed that the entrance and exit doors were locked and could only be opened by operating a keypad. The doors were not delayed egress and the exit door(s) did not have an operating alarm.

- Regulatory Insufficiency: The program did not have delayed egress nor did the program have an operating alarm on the exit door.

Dated this 12th day of January, 2005