IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 8, 2009

Mike Steinkruger, NHA, RN
River Hills Village Assisted Living
20 Village Circle
Keokuk, IA 52632-2040

RE: Final Recertification Monitoring Evaluation Report, River Hills Village Assisted Living, Keokuk, IA

Dear Mr. Steinkruger:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

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 with effective dates of **January 11, 2009 through January 10, 2011**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Mike Steinkruger, NHA, RN
River Hills Village Assisted Living
20 Village Circle
Keokuk, IA 52632-2040

Date of Monitoring Visit:

December 22, 2008

Monitor(s):

Stephanie Cummins, MA

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 a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit 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 River Hills Village Assisted Living on December 22, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	34
Current number of tenants with cognitive disorder:	0
Total Population:	34

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting with 22 tenants and 2 tenant interviews were held. The tenants did not have concerns with housekeeping, laundry or maintenance. They reported their apartments and common areas were clean and maintenance issues were resolved quickly. The tenants described staff as "excellent" and "the best" and stated on a scale from "1 to 10 they are a 20." There were sufficient staff to meet their needs and there were no issues with staff response from the nursing home during overnight hours. They reported when they called for assistance, staff responded quickly. One tenant stated it was the staff that made it a great place and another tenant stated "wonderful people work here." The tenant reported the "people that run the place are wonderful" and management staff were friendly and were out and about. The tenants stated the food was good and the quantity of the food was sufficient. The temperature of the soup and the quality of the meat needed improvement. The meat was tough at times and the roast beef was not cut against the grain. They requested more hard rolls at meals instead of bread. One tenant requested graham crackers be served for dessert instead of more sweet desserts. One tenant reported the food had improved with the new food provider. One tenant reported growing up in the Depression and eating what was provided. Two tenants requested transportation to run errands such as banking. There were sufficient activities offered and the Activity Director did a good job. They received a calendar and enjoyed church services, shopping and Bingo. One tenant requested they attend more plays. The tenants indicated they made the choice if they wanted to attend an activity. They felt safe and there were fire drills. The tenants made their own decisions and the nurse was available and accessible. They were satisfied with the program and would recommend it to others. One tenant reported living at another assisted living program and preferring this program. One tenant loved it at the program, stating it was home and it was cozy.

Program History – There were no substantiated Regulatory Insufficiencies 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: Three tenant files were reviewed.

Tenant #1, an 88 year old, was admitted on 9-18-06 and diagnoses include: Chronic Obstructive Pulmonary Disease (COPD), Gastroesophageal Reflux Disease (GERD), Degenerative Joint Disease (DJD), Hypothyroidism and Menier's Disease. According to tenant notes dated 10-25-08, the tenant was found on the floor with severe pain in the right hip and was taken to the hospital. The tenant had a fractured Pelvis and was admitted to a nursing home on 10-28-08 and received Physical Therapy (PT) and Occupational Therapy (OT). The tenant returned to the program on 12-9-08. A health and cognitive evaluation were completed; however, a functional evaluation was not.

Tenant #2, an 83 year old, was admitted on 10-22-08 and diagnoses include: Hyperlipidemia, Myocardial Infarction (MI), Osteoporosis, Herniated Disc and Hypothyroidism. The cognitive and functional evaluations, prior to taking occupancy, were completed by a Licensed Practical Nurse (LPN). Evaluations were not completed by a health or human service professional.

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional abilities, as needed, to determine the tenants' continued eligibility for the program and to determine any modifications to services needed. The evaluations were not consistently completed by a health or human service professional. (25.23(2))

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

Monitoring Observation: Three tenant files were reviewed.

Tenant #1's tenant notes, dated 10-25-08, stated the tenant was found on the floor and had severe pain in the right hip and was taken to the hospital. The tenant had a fractured Pelvis and was admitted to the nursing home on 10-28-08 and received PT and OT. The tenant returned to the program on 12-9-08. The service plan was updated, as needed; however, it was updated and signed by the tenant, a health professional and one staff. The service plan was not updated and signed by the tenant, a health professional and two staff.

Tenant #2's service plan was updated within 30 days of taking occupancy; however, it was signed by a health professional and not signed by the tenant, and two other staff. According to an OT Evaluation the tenant received OT services from 10-22-08 to 11-20-08; however, this was not reflected on the service plan. The service plan did not reflect service providers other than the program.

- Regulatory Insufficiency: The program did not, when the tenant needed personal care or health-related care, update the service plan within 30 days of taking occupancy and

as needed by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop a service plan that identified service providers if other than the program. (25.28(4)c))

Dated this 8th day of January, 2008.