IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

Incident Intake: #28818-I

July 27, 2010

Darla Euding, Director
Valley Viw Village Assisted Living
2555 Guthrie Avenue
Des Moines, IA 50317-3054

RE: Final Initial Certification and Incident Evaluation Report, Valley View Village Assisted Living, Des Moines, IA

Dear Ms. Euding:

Enclosed is the **Final Initial Certification and Incident 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 S0308** with effective dates of **January 28, 2010** through **January 27, 2012**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator - Central/Eastern
Adult Services Bureau
connie.schaffer@dia.iowa.gov

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

Assisted Living Program: **Incident #:** 28818-I

Darla Euding, Director
Valley View Village Assisted Living
2555 Guthrie Avenue
Des Moines, Iowa 50317-3054

Date of Monitoring Visit:

July 13, 2010

Monitor:

Joyce Kix, RN

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. IAC r. 481-67.10(5). 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 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 481 IAC –chapter 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 or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Valley View Village Assisted Living on July 27, 2010. 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:	32
Current number of tenants with cognitive disorder:	1
Total Population:	33

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 was held with 20 tenants in attendance. They reported the program was a nice place to live with friendly well-trained staff. The tenants liked the menu style dining and stated there were plenty of activities. They reported they felt safe at the program and would recommend it to friends and family.

Program History – There have been no substantiated Regulatory Insufficiencies during this certification period.

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

A. Criteria for exclusion of tenants

Incident Allegation 28818-I: The program reported on 5-12-10 a tenant fell on 5-11-10 and sustained a major injury.

- Monitoring Observation: Tenant #1, an 83 year old, was admitted 3-15-10 with diagnoses of: Diabetes, Hypertension Chronic Obstructive Pulmonary Disease and Hypercholestremia. The functional assessment completed on 4-13-10, documented the tenant was independently ambulatory with a cane. The cognitive assessment of 4-13-10, documented the tenant scored a 3, which indicated mild cognitive decline. The tenant reported on 5-11-10 he/she had fallen and complained of discomfort of the left side. The program called emergency services and the tenant was admitted to the hospital with fractured ribs. The program reported the incident to the department timely.

- Regulatory Insufficiency: None noted.

Dated this 27th day of July, 2010.