IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

July 5, 2011

Diana Niemeier, Director of Healthcare
Village Ridge
365 Marion Blvd.
Marion, IA 52302

RE: Final Recertification Monitoring Evaluation Report – Village Ridge, Marion, IA

Dear Ms. Niemeier:

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.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, 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 **S0026** with effective dates of **April 4, 2011** through **April 3, 2013**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

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:

Diana Niemeier, Director of Healthcare
Village Ridge
365 Marion Blvd
Marion, IA 52302

Date of Monitoring Visit:

May 17, 2011

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

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 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 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 Village Ridge on May 17, 2011. 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:	33
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	36

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	13
Total Census of ALP:	49

***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 12 tenants was held. The tenants liked living there and stated it was a good place. They requested housekeeping improvements including more dusting, improved vacuuming, window cleaning and dusting of the blinds. The tenants received the services expected when they signed the occupancy agreement. Staff responded in five minutes or less when tenants called for assistance. The tenants received good care and staff treated them well. Staff knew what services to provide and staff were trained to provide the services needed. The tenants liked the food and stated there were a good variety of foods offered. Hot foods were served hot and cold foods were served cold, according to the tenants. They stated staff checked on them if a tenant did not show up to a meal or a time when they were expected to be present. The tenants received an activity calendar monthly; however, they stated activities changed and they were not made aware of the changes. They requested the changes be announced at meals or posted in the elevator. They reported there was not enough supervision to get an activity started and at times activities did not start on time or no one showed up for the activity. Activities were scheduled on the weekends; however, there was no guidance for activities. They stated tenants initiated activities such as card games; however, they requested improved communication to organize other groups. The tenants stated the activities needed more organization. The tenants felt safe and they made their own decisions. They stated if they reported any concerns to administrative staff, they responded appropriately. They were satisfied with the program and would recommend it to others.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Activities

Monitoring Observation: A community meeting with 12 tenants was held. Although tenants reported receiving an activity calendar monthly, it was not accurate as activities were changed and tenants were not informed of the changes. They requested the changes be announced at meals or posted in the elevator. They reported there was not enough supervision to get an activity started and at times activities did not start on time or no one showed up for the activity. Activities were scheduled on the weekends; however, there was no guidance for activities. They stated tenants initiated activities such as card games; however, they requested improved communication to organize other groups. The tenants stated the activities needed more organization.

- Regulatory Insufficiency: A written schedule of activities shall be developed at least monthly and made available to tenants and their legal representatives. (IAC r. 481-69.34(3))

Dated this 2nd day of June, 2011.