IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 17, 2011

Mr. Derrick Johnson, Manager
Spring Valley Assisted Living
501 12th Street
Perry, IA 50220

RE: Final Recertification Monitoring Evaluation Report – Spring Valley Assisted Living, Perry, IA

Dear Mr. Johnson:

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 **S0129** with effective dates of **November 20, 2011** through **November 19, 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:

Derrick Johnson, Manager
Spring Valley Assisted Living
501 12th Street
Perry, IA 50220

Date of Monitoring Visit:

September 20, 2011

Monitor(s):

Lori Miner, RN BSN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview:
An on-site monitoring evaluation was conducted at Spring Valley Assisted Living on September 20, 2011. In preparing this report, the following information was considered:

Current Program Census

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:	27
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	31
TOTAL census of Assisted Living Program	31

Tenant/Family Satisfaction Results – A meeting was held with eight tenants. The best thing about the program was the feeling of safety, not being alone, and being treated well. Housekeeping was completed to the tenants' satisfaction inside apartments as well as common areas. Maintenance responded to requests right away. The staff were reported to respond to requests for assistance in less than five minutes. Staff treated the tenants well and seemed trained to provide services. The food was described as good. Plenty of activities were offered. The tenants were generally 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 observations detailed in the following areas.

A. Service Plan

Monitoring Observation: Tenant #1 (the Tenant), a 93 year-old, was admitted on 1-25-11 and had diagnoses of Chronic Lower Extremity Edema, Atrial Fibrillation, and Hypertension (HTN). Physician orders dated 8-29-11 revealed the Tenant was on a 2,000 cc (two liters) fluid restriction per day. The orders were specific as to how fluids were to be divided during the day and during meals. The current service plan dated 7-12-11 indicated the Tenant was on a 1,500 cc fluid restriction. The service plan did not contain the specific instructions as outlined in the physician's orders.

Tenant #2 (the Tenant), a 93 year-old, was admitted on 2-14-07 and had diagnoses of Dementia, HTN, Hypercholesterolemia, Depression, and Glaucoma. The Tenant was staged at five on the Global Deterioration Scale (GDS) which indicated moderately severe cognitive decline. The Tenant was admitted to hospice on 6-23-11 for Failure to Thrive. Nursing narrative from 8-10-11 to 9-13-11 revealed the Tenant was resisting cares. The service plan identified the Tenant was resistant but did not identify interventions for resistance. Nursing narrative dated 9-6-11 revealed the Tenant weighed 99 pounds. The service plan revealed the Tenant had weight loss but did not identify interventions for weight loss.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance.
(IAC r. 481-69.26(4)(a))

B. Nurse Review

Monitoring Observation: Tenant #1 had a 90-day nurse review completed on 8-19-11. The nurse review did not indicate whether or not the Tenant was experiencing any adverse reactions to medications.

Tenant #2 had a nurse review completed on 9-6-11. The nurse review did not indicate whether or not the Tenant was experiencing any adverse reactions to medications.

Tenant #3 (the Tenant), an 80 year-old, was admitted on 1-31-09 and had diagnoses of Depression, Arthritis, Alzheimer's, and Hypothyroidism. A 90-day nurse review was completed on 8-2-11. The nurse review did not indicate whether or not the Tenant was experiencing any adverse reactions to medications.

Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: to monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (IAC r. 481-69.27(1))

Dated this 12th day of October, 2011.