IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

January 3, 2013

Ms. Julie Helling, Director
River Hills Village
10 Village Circle
Keokuk, IA 52632

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

Dear Ms. Helling:

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231D and Iowa Administrative Code (IAC) chapters 481—67 and 481—70.

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 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 Adult Day Service Program Certificate **S0053** with effective dates of **January 11, 2013** through **January 10, 2015**.

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:

Julie Helling, Director of Assisted Living
River Hills Village
10 Village Circle
Keokuk, IA 52632

Date of Monitoring Visit:

November 27, 2012

Monitor(s):

Stephanie Cummins, MA

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: ***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:	31
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	33
TOTAL census of Assisted Living Program	33

Tenant/Family Satisfaction Results – A community meeting was held with three tenants and two family members. Housekeeping services were completed to their satisfaction. One tenant requested more frequent garbage removal. There were no issues with laundry or maintenance. Nursing services were available and staff responded quickly when requested. There were no concerns with staffing and the staff was described as good. Nursing services were available. Staff served the meals appropriately and the cold foods were cold. There was a request to return to the previous ordering system at meals where tenants selected the meal choices by indicating their preferences on paper prior to the meal. They reported the previous meal system provided less waste, ensured all tenants would have the preferred items and was more sanitary than the current system. The majority of the group indicated the temperature of the food was appropriate; however, one tenant suggested the temperature of the hot foods needed improvement. There were enough activities offered and they enjoyed Bingo and received an activity calendar. There were no additional activities requested. The tenants felt safe and any safety concerns were addressed quickly by administrative staff. The tenants made their own decisions and were generally satisfied with the Program. The tenants said they enjoyed the people and not having any worries. Visitors and family felt welcome and staff was accommodating. They would recommend the Program 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. Evaluation of Tenant

Monitoring Observation: Four tenant files (Tenants #1, #2, #3 and #4) were reviewed.

Tenant #1, a 90 year old, was admitted on 8-25-12 and diagnoses included: Dementia, Hypercholesterolemia, Hypertension (HTN) and Non-Insulin Dependent Diabetes Mellitus. Tenant #1 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. A Subsequent Health/Functional Assessment was completed on 9-24-12, within 30 days of taking occupancy. A cognitive evaluation was not completed within 30 days of taking occupancy.

Tenant #2, an 82 year old, was admitted on 11-19-07 and diagnoses included: Insulin-Dependent Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Gastro Esophageal Reflux Disease, Hyperlipidemia, Depression, Hypothyroidism and Diabetic Neuropathy. Tenant Notes dated 9-28-12 indicated Tenant #2 was not feeling well after lunch. Blood sugar was checked and was 50. Orange juice and a peanut butter sandwich were given. Blood sugar was checked again and the result was 46. The doctor was notified and ordered to give Glucagon. Blood sugar was re-checked and the result was 90. According to Tenant Notes dated 11-4-12, Tenant #2's blood sugar was checked by staff and was 37. A nurse re-checked the reading and it was 33. A Glucagon injection and orange juice were given. The blood sugar was re-checked and the reading was 29. Tenant #2 was talking, was cold to the touch and shaking. Tenant #2 was sent to the hospital by ambulance for low blood sugar. According to Incident Reports, Tenant #2 had three falls from 11-16-12 through 11-23-12. The service plan indicated an order for physical therapy/occupational therapy (PT/OT) was received. Evaluations were not completed as needed.

Tenant #3, a 90 year old, was admitted on 4-2-11 and diagnoses included: Anxiety, HTN, Irritable Bowel Syndrome and Glaucoma. The Subsequent Health/Functional Assessment dated 10-22-12 indicated there was a significant change and the current diagnosis was status/post fall with fractured right wrist. A cognitive evaluation was not completed when the Subsequent Health/Functional Assessment indicated there had been a significant change. The Health/Functional Assessment indicated Tenant #3 required assistance with ambulation until release from the doctor. Tenant #3 fell out of bed in the morning and got tangled in the covers. Tenant #3 had a fractured right wrist and returned with a cast. Tenant #3 was encouraged to keep arm elevated and to wiggle fingers. The previous Subsequent Health/Functional Assessment dated 10-15-12 indicated Tenant #3 had ambulated independently with a wheeled walker. A cognitive evaluation was not completed as needed.

Review of tenant files indicated evaluations were not completed within 30 days of occupancy and as needed.

Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation: Four tenant files (Tenants #1, #2, #3 and #4) were reviewed.

Tenant #1's file was reviewed. The Subsequent Health/Functional Assessment dated 9-24-12 indicated Tenant #1's blood sugars were checked once a week. The service plan dated 8-30-12 indicated Tenant #1 did not require staff to routinely monitor weight, vitals and/or glucose levels related to medication. The service plan was not updated as needed and did not reflect the identified needs of Tenant #1 including blood sugar checks.

Tenant #2's file was reviewed. Tenant Notes dated 9-28-12 indicated Tenant #2 was not feeling well after lunch. Blood sugar was checked and was 50. Orange juice and a peanut butter sandwich were given. Blood sugar was checked again and the result was 46. The doctor was notified and ordered to give Glucagon. Blood sugar was re-checked and the result was 90. According to Tenant Notes dated 11-4-12, Tenant #2's blood sugar was checked by staff and was 37. A nurse re-checked the reading and it was 33. A Glucagon injection and orange juice was given. The blood sugar was re-checked and the reading was 29. Tenant #2 was talking, was cold to the touch and shaking. Tenant #2 was sent to the hospital by ambulance for low blood sugar. According to Incident Reports, Tenant #2 had three falls from 11-16-12 through 11-23-12. The service plan indicated an order for PT/OT was received. The service plan reflected to offer snacks between meals and encourage good intake at meals. The service plan was not updated as needed and did not reflect the identified needs of Tenant #2 including low blood sugars and falls.

Tenant #3's file was reviewed. The Health/Functional Assessment indicated Tenant #3 required assistance with ambulation until release from the doctor. Tenant #3 fell out of bed in the morning and got tangled in the covers. Tenant #3 had a fractured right wrist and returned with a cast. Tenant #3 was encouraged to keep arm elevated and to wiggle fingers. The previous Subsequent Health/Functional Assessment dated 10-15-12 indicated Tenant #3 had ambulated independently with a wheeled walker. The service plan reflected Tenant #3 had a fall with right wrist fracture, to encourage finger movement and elevation and monitor for swelling. The service plan did not reflect the change in ambulation status. The service plan was not updated as needed and did not reflect the identified needs of Tenant #3 including the change in ambulation status.

Review of tenant files indicated service plans were not updated as needed and did not reflect the identified needs of the tenants.

Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. (IAC r. 481-69.26(3))

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))