IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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Complaint/Incident Intake #: 41915-C

January 15, 2013

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

RE: Final Complaint/Incident Investigation Report – Spring Valley Senior Assisted Living, Perry, IA

Dear Mr. Johnson:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 7, 2013, 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 identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

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

Complaint/Incident Intake #: 41915-C

Date of Complaint/Incident Investigation:

January 7, 2013

Monitor(s):

Hal L. Chase, RN BSN MPH

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 below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	20
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	20

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	3
TOTAL census of Assisted Living Program	23

Program History – The program received regulatory insufficiencies in the areas of Service Plan and Nurse Review during the September 20, 2011 Recertification on-site. During the Complaint Investigation (41319-C) of October 25, 2012, the program received regulatory insufficiencies in the areas of: Nurse Review, Evaluation, Service Plan and Food Service.

A. Staffing

Complaint/Incident Allegation: It was alleged a staff member had refused to assist tenants with toileting, leaving tenants in soiled undergarments and being verbally abusive.

- Monitoring Observation: Personnel files for Staff #1, #2, #3, #4 and #5 were reviewed to determine if staff had received: criminal background, child abuse, dependent adult abuse and sexual abuse checks. Two-hour dependent adult abuse, eight hours of dementia training and nurse delegated training to give personal and health related care; including toileting to tenants, were also reviewed.

  Staff #1, #2, #3, #4 and #5 files indicated each had received the necessary criminal background and abuse checks prior to hire. Each staff received dependent adult abuse training within six months of hire, each had eight hours of dementia training and each had received nurse delegated training on personal and health related cares by the Program's registered nurse (RN).

  The Program RN and Staff #1 and #2 were interviewed. The Program RN reported she knew of only one complaint from a tenant who reported being upset when a staff responded to a call for assistance and "joked" with the tenant about needing assistance. The tenant didn't like what staff had said. The Program RN reported she had not received any other complaints from tenants or staff.

Staff #1 and #2 were interviewed and reported they hadn't received any complaints or heard of any tenants complaining about staff, either the cares received or staff demeanor. Staff #1 and #2 reported no concerns on how other staff interacted with tenants or the care given.

Three tenants were interviewed by a monitor and each reported no complaints regarding staff treatment or the cares they received. Staff was polite, courteous and kind. One tenant reported one staff had been rude to him/her but that situation had been corrected. Tenants reported staff was trained well and responded quickly to their calls for assistance.

- Regulatory Insufficiency: None noted.

B. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged the Program was admitting tenants that do not meet assisted living guidelines.

- Monitoring Observation: The Program RN and Staff #1 and #2 were interviewed. The Program RN and each staff did not identify a tenant who exceeded admission or retention criteria under assisted living regulation.

  Three tenant files were reviewed related to personal and health related care needs. Tenant #1, #2 and Tenant #3's functional, cognitive and health evaluations, service plans and nurse's notes indicated none exceeded admission and retention criteria. With each tenant, evaluations supported service plans, service plans were individualized and represented the identified needs and services of each tenant.

- Regulatory Insufficiency: None noted.