DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0200	A. BUILDING: _____ B. WING _____	C 03/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISEN SON CHRISTIAN VILLAGE	3000 RISEN SON BOULEVARD CO BLUFFS, IA 51503

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments 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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 19 Total Population of Program at time of on-site: 23 TOTAL census of Assisted Living Program: 23 The following regulatory insufficiencies were cited during Incident Investigation 66719-I and recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached Plan of Correction DD 4/13/17	
A 149	481-67.9(6) Staffing 481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to provide training relating to the identification and reporting of dependent adult abuse as required for 1 of 4 staff reviewed employed longer than 6 months (Staff D).	A 149		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 149	Continued From page 1 Finding follows: Chapter 235B requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every five years using an approved curriculum. Review of Staff D's file revealed a hire date of 6/30/16. No record of dependent adult abuse training could be located. When interviewed on 3/15/17 the Human Resource person confirmed documentation of training could not be located for Staff D.	A 149		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. 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.	A 037		

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A 037	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure functional, cognitive and health evaluations were completed within 30 days of occupancy for 1 of 3 Tenants reviewed (Tenants #2). Finding follows: The Program admitted Tenant #2 on 10/12/16. The Program completed functional, cognitive and health evaluations on 10/12/16 (initial) and 1/12/17. The Program failed to complete evaluations within 30 days of occupancy. On 3/15/17 at 11:00 a.m. Licensed Practical Nurse (LPN) A confirmed the evaluations had not been completed within 30 days of occupancy.	A 037		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were updated within 30 days of occupancy for 1 of 3 tenants reviewed (Tenant #2). Finding follows:	A 085		

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A 085	Continued From page 3 Record review revealed the Program did not update Tenant #2's service plan within 30 days of occupancy. Tenant #2's initial service plan was developed on 10/12/16. According to documentation the Progam updated Tenant #2's service plan on 1/12/17 which did not fall with 30 days of occupancy. During the exit on 3/15/17 administrative staff acknowledged the service plan should have been updated within 30 days of occupancy.	A 085		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received eight hours of dementia-specific education within 30 days of beginning employment. This affected 3 of 4 staff reviewed (Staff B, C and D). Finding follows: Record review on 3/15/17 revealed the Program hired Staff B on 5/12/16. According to available documentation Staff B had not completed the required eight hours of dementia specific training within 30 days of employment.	A 121		

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A 121	Continued From page 4 Record review on 3/15/17 revealed the Program hired Staff C on 12/15/16. According to available documentation Staff C had not completed the required eight hours of dementia specific training within 30 days of employment. Record review on 3/15/17 revealed the Program hired Staff D on 6/30/16. According to available documentation Staff D had not completed the required eight hours of dementia specific training within 30 days of employment. When interviewed the Human Resource person confirmed no documentation existed to prove Staff B, C and D had completed the required training.	A 121		
A 123	481-69.30(3)a Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(3)a Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff revived eight hours of dementia-specific training annually. This	A 123		

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A 123	Continued From page 5 affected 1 of 4 direct contact staff reviewed (Staff A). Finding follows: Review of staff files on 3/15/17 revealed Staff A had not received eight hours of dementia-specific education annually. When interviewed Human Resource Staff confirmed the Program did not have documentation to confirm Staff A had received the needed eight hours of dementia-specific education.	A 123		

RISEN SON CHRISTIAN VILLAGE AL-DS

3000 RISEN SON BOULEVARD

COUNCIL BLUFFS, IA 51503

4/13/17

24 MARCH 2017

Please accept this Plan of Correction as our Credible Allegation of Compliance with the statement of regulatory insufficiencies issued March 21, 2017, as a result of a recertification visit conducted March 13-15, 2017. ***All regulatory insufficiencies cited will be corrected by April 1, 2017.***

A 149 Adult Abuse Mandatory Reporter Training not Completed Timely (1 of 4 staff)

Staff D completed the Adult Abuse Mandatory Reporter Training on March 17, 2017. All other staff working in the AL-DS are current on that training.

Program manager will work with Human Resources Director to assure training for new AL-DS employees is done timely. Program manager will make quarterly reports to facility QA committee for 6 months.

How to monitor performance to ensure ongoing compliance

The facility QA committee will monitor for compliance monthly for three months, then quarterly.

A 037 30-day Evaluation not done timely for 1 of 3 Tenants

Tenant #2's initial and quarterly assessments were completed, although the 30-day assessment was not completed. The quarterly functional, cognitive and health evaluation showed no significant changes from the initial evaluation. All other tenant's charts were reviewed to assure compliance with the 30-day evaluation requirement.

4/13/17

Measures taken to ensure the problem does not recur

Program Manager has generated a monitoring tool to be used for assuring that periodic assessments are done timely. Any recurring problems will be reported to the facility Director of Nursing, who will report them to the facility QA committee for action as needed.

How to monitor performance to ensure ongoing compliance

Facility QA committee will monitor reports received from the Director of Nursing and take action as warranted.

A 085 Service Plan not Updated Timely for 1 of 3 Tenants

Tenant #2's initial and quarterly service plans were completed, although the 30-day update of the service plan was not completed. The quarterly service plan showed no significant changes from the initial service plan. All other tenant's service plans were reviewed to assure compliance with the 30-day update requirement.

Measures taken to ensure the problem does not recur

Program Manager has generated a monitoring tool to be used for assuring that periodic assessments and service plans are done timely. Any recurring problems will be reported to the facility Director of Nursing, who will report them to the facility QA committee for action as needed.

How to monitor performance to ensure ongoing compliance

Facility QA committee will monitor reports received from the Director of Nursing and take action as warranted.

A 121 Three Staff Did Not Complete 8 Hours of Dementia Training within 30 Days of Hire

Staff B, C and D will complete 8 hours of dementia training by April 1, 2017

Program manager will work with Human Resources Director to assure training for new AL-DS employees is done timely. Program manager will make quarterly reports to facility QA committee for 6 months.

How to monitor performance to ensure ongoing compliance

The facility QA committee will monitor for compliance monthly for three months, then quarterly.

Program manager will work with Human Resources Director to assure training for new AL-DS employees is done timely. Program manager will make quarterly reports to facility QA committee for 6 months.

How to monitor performance to ensure ongoing compliance

The facility QA committee will monitor for compliance monthly for three months, then quarterly.

A 123 One Direct Care Staff Did not Complete 8 hours of Dementia Training Annually

Staff A will complete 8 hours of dementia training by April 1, 2017.

How to monitor performance to ensure ongoing compliance

Program manager has generated a monitoring tool to be used for assuring that all direct care staff complete 8 hours of dementia training annually. Program manager will make quarterly reports to facility QA committee for 6 months.

How to monitor performance to ensure ongoing compliance

The facility QA committee will monitor for compliance monthly for three months, then quarterly.

Greg E. Witte, Executive Director

24 March 2017