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 _____	04/11/2019

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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 17 Total Census: 18 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
A 033	481-69.21(3) Occupancy Agreement 481-69.21(231C) Occupancy agreement. 69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update the occupancy agreement to reflect changes in criteria for admission/retention to an assisted living program for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review revealed Tenant #1's occupancy agreement signed 6-27-12 failed to include an addendum to reflect updates in criteria for	A 033	Plan of Correction is attached	

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

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A 033	Continued From page 1 admission/retention to an assisted living program. Tenant #2's occupancy agreement signed 9-14-17 did not reflect updates in criteria for admission/retention to an assisted living program. The following criteria was not located in the occupancy agreements: - A program should not knowingly admit or retain a tenant, who despite intervention, chronically urinates or defecates in places that were not considered acceptable to societal norms, such as on the floor or in a potted plant The additional criteria for admission and retention of tenants was effective on 4-20-16 with the adoption of new administrative rules. On 4-10-19 at 9:39 a.m. the Director of Nursing confirmed these findings.	A 033		
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 complete required evaluations with significant change for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Review of Tenant #1's Nurse Review Assessments revealed the following: a. On 4-16-18 the tenant was admitted to hospice care. b. On 7-13-18 it was noted she required assistance with ambulation and transfers. She previously required no assistance. c. On 10-18-18 it was noted she required additional assistance of a wheelchair for ambulation. d. On 1-9-19 it was noted she required complete assistance for all activities of daily living. No cognitive evaluations could be located for any of these significant changes. Review of Tenant #2's file revealed admission to hospice on 3-12-19. No functional, cognitive or health evaluations could be located regarding this significant change. On 4-10-19 at 9:39 a.m. the Director of Nursing confirmed these findings.	A 037		
A 047	481-69.23(1)i Criteria for Admission/Retention of Tenants	A 047		

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A 047	Continued From page 3 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: i. Requires maximal assistance with activities of daily living This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure tenants met criteria for retention for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Review of Tenant #1's file revealed Global Deterioration Scales dated 10-16-18 and 1-9-19 revealed scores of 7 which indicated severe dementia. Review of Tenant #1's Nurse Review Assessments revealed the following: a. On 4-16-18 the tenant was admitted to hospice care. b. On 7-13-18 it was noted she required assistance with ambulation and transfers. She previously required no assistance. c. On 10-18-18 it was noted she required additional assistance of a wheelchair for ambulation. d. On 1-9-19 it was noted she required complete assistance for all activities of daily living. On 4-8-18 at 2:24 p.m. Staff I stated Tenant #1	A 047		

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A 047	Continued From page 4 received maximum assistance with ambulation, eating, dressing of lower body (including socks/shoes), medications, and activities. This assistance had been ongoing for a few months. On 4-9-19 at 10:15 p.m. Staff J stated Tenant #1 had required maximum assistance with ambulation, eating, and dressing of the lower body (including socks/shoes) for the last few months. On 4-10-19 at 9:39 a.m. the Director of Nursing confirmed these findings.	A 047		
A 079	481-69.25(1)q Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs) This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain task sheets for 2 of 2 tenants reviewed unable to advocate on their own behalf (Tenant #1 and Tenant #2). Findings follow:	A 079		

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A 079	Continued From page 5 Review of Tenant #1's chart revealed she received hospice services and had a Power of Attorney. No task sheets could be located for January through November 2018 for this individual. Review of Tenant #2's chart revealed he received hospice services and had a Power of Attorney. No task sheets could be located for March through November 2018 for this individual. On 4-10-19 at 9:39 a.m. the Director of Nursing stated the previous nurse failed to have staff complete task sheets.	A 079		
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 update service plans as needed with significant change for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Review of Tenant #1's Nurse Review Assessments revealed the following: a. On 4-16-18 the tenant was admitted to	A 085		

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A 085	Continued From page 6 hospice care. b. On 7-13-18 it was noted she required assistance with ambulation and transfers. She previously required no assistance. c. On 10-18-18 it was noted she required additional assistance of a wheelchair for ambulation. d. On 1-9-19 it was noted she required complete assistance for all activities of daily living. No updated service plan reflecting admission to hospice and increased need for assistance with activities of daily living could be located. Review of Tenant #2's file revealed a Physician Office/Progress Note dated 4-19-18 indicating a diagnosis of chronic renal insufficiency. Fluids were to be encouraged. A Nurse's Note dated 10-1-18 revealed a request for an evaluation from physical therapy for a toilet seat riser. A Physician Office/Progress Note dated 10-18-18 revealed increased aggressive behaviors, therapy for a shuffled gait and the need for toilet riser. No updated service plan reflecting the encouragement of fluids. interventions for behaviors and the required use of a toilet riser could be located. On 4-10-19 at 9:39 a.m. the Director of Nursing confirmed these findings.	A 085		
A 091	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational	A 091		

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A 091	Continued From page 7 therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to indicate outside providers on the service plan for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Review of Tenant #1's file revealed admission to hospice on 4-16-18. No updated service plan reflecting the hospice provider could be located. Review of Tenant #2's file revealed a physical therapy (PT) referral faxed to the physician on 10-1-18 for a toilet riser. No updated service plan reflecting the physical therapy provider could be located. On 4-10-19 at 9:39 a.m. the Administrator confirmed these findings.	A 091		
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. 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: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and	A 096		

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A 096	Continued From page 8 whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure completion of a nurse review to assess and document health status at least every 90 days for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Review of Tenant #1's Nurse Review Assessments revealed the following: a. The assessment dated 1-30-18 indicated the tenant had fallen 5 times. The assessment failed to include a review of any health concerns that occurred during the review period b. The assessment dated 4-16-18 indicated the tenant was admitted to hospice care. The assessment failed to include a review of any health concerns that occurred during the review period c. The assessment dated 7-13-18 indicated she required assistance with ambulation and transfers. She previously required no assistance. The assessment failed to include a review of any health concerns that occurred during the review period c. The assessment dated 10-18-18 indicated she required additional assistance of a wheelchair for ambulation. The assessment failed to include a review of any health concerns that occurred during the review period d. The assessment dated 1-9-19 indicated she required complete assistance for all activities of daily living. The assessment failed to include a	A 096		

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A 096	Continued From page 9 review of any health concerns that occurred during the review period 2. Review of Tenant #2's Nurse's Notes dated 6-27-18 through 3-4-19 indicated concerns with falls, skin tears, increased agitation, confusion, and episodes of aggression. Review of Physician Office/Progress Notes dated 4-19-18 through 2-21-19 indicated chronic renal failure with poor fluid intake, increased aggression, physical therapy for an increased need for assistance with ambulation and the need for toilet riser, increased resistance to personal cares, and increased edema in both legs. Tenant #2's Nurse Review Assessments dated 3-1-18 and 6-1-18 failed to include a review of health concerns that occurred during each 90 day period. No documentation of required quarterly nursing assessments could be located for review periods ending 1-10-18 and 12-7-18. On 4-10-19 at 9:39 a.m. the Director of Nursing confirmed these findings.	A 096		
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	A 121		

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A 121	Continued From page 10 by: Based on interview and record review the Program failed to provide 8 hours of dementia training within 30 days of employment for 7 of 8 staff reviewed (Staff A, B, C, D, E, F, G, and H). Findings follow: Review of staff files revealed the following: -Staff A was hired 3-14-18. Training was completed between July and December. -Staff B was hired 10-10-18 and completed 6 hours of dementia training within 30 days. -Staff C was hired 6-13-18. Six hours of dementia training was completed between August and September. -Staff D was hired 2-14-18. Training was completed in May and June. -Staff E was hired 3-28-18. Training was completed between April and October. -Staff F was hired 2-19-19 and completed 30 minutes of dementia training within 30 days. Training was completed in April and May. -Staff G was hired 4-2-18. Training was completed in June and July. -Staff H was hired 1-30-19 and completed 7.25 hours of dementia training within 30 days. On 4-9-19 at 10:44 a.m. the Director of Nursing confirmed these findings.	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	A 123		

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A 123	Continued From page 11 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 all personnel received least eight hours of annual dementia training for 3 of 8 staff reviewed (Staff A, E, and G). Findings follow: Review of staff files revealed the following: -Staff A was hired 3-14-18 and completed one hour of annual dementia training. -Staff E was hired 3-28-18 and completed six hours of annual dementia training. -Staff G was hired 4-2-18 and completed six hours of annual dementia training. On 4-9-19 at 10:44 a.m. the Director of Nursing confirmed these findings.	A 123		

5/8/19

Risen Son Christian Village Plan of correction for

Assisted Living Dementia Program April 2019

A033-Occupancy agreement

1. How the program will correct the regulatory insufficiency.
   The occupancy agreement has been sent to the corporate office along with a copy of the most current regulations for assisted living. The corporate office will revise the contract to include updated regulatory language.

2. Measures taken to ensure the problem does not recur
   Administrator will review new regulations to determine if they require a change to the occupancy agreement and will contact corporate office to make the changes.

3. How the program plans to monitor performance to ensure compliance
   Administrator will review regulations on a quarterly basis to see if any changes have been made. Results will be addressed at QAPI meeting.

4. Date by which the regulatory insufficiency will be corrected.
   May 23, 2019

A037 Evaluation of Tenant

1. How the program will correct the regulatory insufficiency.
   Tenant #1 and Tenant #2 had have had a significant change of condition assessment completed.

2. Measures taken to ensure the problem does not recur
   New program manager will review quarterly assessments and compare to prior assessment. Any changes in physical function, cognition, health or change of services will be communicated to the RN program manager. RN program manager will determine if there is a need for significant change of condition assessment.

3. How the program plans to monitor performance to ensure compliance
   Results of review of need for change of condition will be brought to QAPI.

4. Date by which the regulatory insufficiency will be corrected.
   May 23, 2019

5/6/19

A 047 Criteria for Admission/Retention of Tenants

1. How the program will correct the regulatory insufficiency.
   A change of condition assessment of Tenant #1 was completed. A waiver for retention of tenant #1 was filed with DIA on 4/22/2019.

2. Measures taken to ensure the problem does not recur

   The new program manager will complete quarterly reviews and compare them to the last review. If any changes in ADLs, health or cognition leading to maximum assist occur a waiver will be filed with the department.

3. How the program plans to monitor performance to ensure compliance
   Any tenants with change of condition will be reviewed at QAPI to ensure criteria continue to be met. If not, a waiver will be requested, if indicated or discharge plans will be initiated.

4. Date by which the regulatory insufficiency will be corrected.
   May 23, 2019

A079 Tenant documents

1. How the program will correct the regulatory insufficiency.
   Task sheets were reinstituted December 2018. All tenants have current task sheets in place.

2. Measures taken to ensure the problem does not recur
   Task sheets will be part of the admission packet for all new admissions to the program

3. How the program plans to monitor performance to ensure compliance
   Random audits will be conducted by the unit manager to ensure all residents have a task sheet in place.

4. Date by which the regulatory insufficiency will be corrected.
   This was corrected December 2018.

A085- Service Plans

1. How the program will correct the regulatory insufficiency.
   Tenant #1 and #2 had a significant change of condition assessment completed. A new service plan was initiated, reflecting the changes in function and services needed.

2. Measures taken to ensure the problem does not recur
   A new service plan will be initiated with all significant change of condition assessments.

3. How the program plans to monitor performance to ensure compliance
   Any tenant with a change of condition will have a chart review to ensure either a new service plan is initiated or current plan is updated with changes and signed by all parties. Results of review will be discussed at QAPI

4. Date by which the regulatory insufficiency will be corrected.
   May 23, 2019

A091- Service Plans

1. How the program will correct the regulatory insufficiency.
   Tenant #1 and #2 have had new service plans initiated. All services received have been included in the service plan.

2. Measures taken to ensure the problem does not recur
   Service plans will be updated with any change in services required.

3. How the program plans to monitor performance to ensure compliance
   Any tenant with a change of condition will have a chart review to ensure a new service plan was initiated or the current one was updated. Results of review will be discussed at QAPI

4. Date by which the regulatory insufficiency will be corrected.
   May 23, 2019

A096- Nurse Review

1. How the program will correct the regulatory insufficiency.
   Tenant #1 and #2 have had a nurse review completed, resulting in a significant change of condition. All tenant records were audited to ensure a quarterly nurse review has been completed in the past 90 days.

2. Measures taken to ensure the problem does not recur
   RN managing nurse will review quarterly schedule and do random audits to ensure that quarterly nurse reviews were completed.

3. How the program plans to monitor performance to ensure compliance
   Results of audits will be reviewed at QAPI

4. Date by which the regulatory insufficiency will be corrected.
   May 23, 2019

A121-Dementia Specific education for personnel

1. How the program will correct the regulatory insufficiency.
   New hire training process will be reviewed and changed. New hires will be required to do 8 hr of dementia training prior to the end of their orientation period.

2. Measures taken to ensure the problem does not recur
   Human resources and Administrator will review new hires education hours to ensure all new hires that work in the program have completed the 8 hours of dementia training.

3. How the program plans to monitor performance to ensure compliance
   New hire training records will be reviewed at QAPI

4. Date by which the regulatory insufficiency will be corrected.
   May 23, 2019

A123-Dementia Specific Education for Personnel

1. How the program will correct the regulatory insufficiency.
   All staff that work in the program will have 8 hours of dementia training completed by May 23, 2019.

2. Measures taken to ensure the problem does not recur
   Human Resources will do random audits of staff to ensure that 8 hours of dementia training for direct care staff are completed and 2 hours of dementia training for other staff are completed.

3. How the program plans to monitor performance to ensure compliance
   Results of audit will be reviewed at QAPI

4. Date by which the regulatory insufficiency will be corrected.
   May 23, 2019