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 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISEN SON CHRISTIAN VILLAGE ALP/D	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 impairment: 15 Number of tenants with cognitive impairment: 0 Total census: 15 There were no regulatory insufficiencies cited during the investigation of Compaint #112266-C or Incident #115253-I. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on evaluations. This pertained to 3 of 3 tenants reviewed (Tenants #1, #2, #3). Finding follows:	A 350	The Plan of Correction is attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Suzanne Walker, LNHA | TITLE: Executive Director | (X6) DATE: 3.14.24

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A 350	Continued From page 1 Record review on 12/19/23 revealed the most recent service plan for Tenant #1 was dated 8/25/23, Tenant #2 was dated 7/18/23 and Tenant #3 was dated 10/2/23. Further record review on 12/19/23 revealed no evaluations were completed prior to developing the service plans for Tenant #1, #2 or #3. During the exit on 12/20/23 at 11:00 a.m. the administrative staff confirmed the Program failed to ensure service plans were based on evaluations.	A 350		
A 420	481-69.27(1)a Nurse Review 69.27(1) 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: a. 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 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete 90-day nurse reviews as required. This pertained to 3 of 3 tenants	A 420		

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A 420	Continued From page 2 reviewed (Tenants #1, #2, #3). Findings follow: Record review revealed no 90 day reviews for Tenant #1, #2 or #3. When interviewed on 12/19/23 the Director or Nursing confirmed the Program had not completed 90-day reviews.	A 420		

Risen Son Christian Village Assisted Living for people with dementia
Provider #:S0200
Survey Date: 12/13/2023-12/20/2023
Survey Type: Recert, investigations #114253-I & complaint #112266-C

A350
Service Plans
- failed to develop service plan for each tenant based on evaluations.

Regional Clinical Nurse/Designee will educate Director of Nursing and Assisted Living Nurse Manager on completing evaluations of tenants and updating service plan based on evaluations. Complete current evaluations on all residents that have been here less than one year. Evaluations include GDS, Fall Risk Assessment, Pain Questionnaire, Elopement Risk Assessment, and nursing evaluation form that includes ADLS and skin assessment. Ensure all service plans are up to date with current evaluations. All completed service plans will be done with family and/or resident present. Signatures will be obtained; attempted signatures will be documented in progress note if in person meeting is not complete.

Director of Nursing/Designee will audit 3 tenants monthly x3 months to ensure that evaluations and service plans are up to date.
Results of these audits will be presented to the QAPI Committee for review and modifications as needed.

A420
Nurse Review
- failed to complete at minimum, 90-day review or after significant change of condition.

Regional Clinical Nurse/Designee will educate Director of Nursing and Assisted Living Nurse Manager on completing 90-day nurse reviews at minimum, or in the event of a significant change of condition. 90-day nurse reviews completed on all residents by 1/31/24.

Director of Nursing/designee will audit 3 tenants' monthly x3 months to ensure completion. Results of these audits will be presented to the QAPI Committee for review and modifications as needed.

✓ 6/27/24