

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2023
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NAME OF PROVIDER OR SUPPLIER RISEN SON CHRISTIAN VILLAGE AL	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 RISEN SON BLVD COUNCIL BLUFFS, IA 51503
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(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
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A 000	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive impairment: 18</p> <p>Number of tenants with cognitive impairment: 2</p> <p>Total census: 20</p> <p>The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program.</p>	A 000		
A 140	<p>481-69.22(2) Evaluation of Tenant</p> <p>69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently complete evaluations within 30 days of occupancy. This pertained to 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Finding follows:</p>	A 140	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Rugann Walker, LMAA

Executive Director

3.14.24

6899

C2L111

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A 140	Continued From page 1 Record review on 12/19/23 revealed the Program failed to complete 30-day evaluations for Tenant #1, #2, #3 and #4. During the exit on 12/20/23 at 10:30 a.m. the administrative team confirmed the Program failed to complete 30-day evaluations for these tenants.	A 140		
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 consistently develop service plans based on evaluations. This pertained to 4 of 4 tenants reviewed (Tenants #1, #2, #3, #4). Finding follows: Record review on 12/19/23 revealed no evaluations for Tenant #1, #2, #3, #4. 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		

Risen Son Christian Village Assisted Living

Provider #:S0475

Survey Date: 12/13/2023-12/20/2023

Survey Type: Initial Certification

A140:

Evaluation of Tenant

-failed to complete evaluations within 30 days of occupation.

Regional Clinical Nurse/Designee will educate Director of Nursing and Assisted Living Nurse Manager on completing evaluations of tenants. 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 Everyone has 30-day evaluations or annual. If less than one year of admission complete review. Then annually evaluations to be completed.

Director of Nursing/Designee will audit 3 tenants monthly x3 months to ensure that evaluations are up to date.

Results of these audits will be presented to the QAPI Committee for review and modifications as needed.

A350:

Service plans.

- failed to develop service plans 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.

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.

✓ 6/27/24