IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
55672-I

November 13, 2015

Ms. Kristin Bendixen, Administrator
Welcov at Alta
705 West 7th Street
Alta, IA 51002

RE: Final Complaint/Incident Investigation Report, Welcov at Alta, Alta, Iowa

Dear Ms. Bendixen:

Enclosed is the **Final Complaint/Incident Investigation Report** 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, following an investigation by DIA on **October 20, 21 and 26, 2015.** The Report notes a Regulatory Insufficiency in the area(s) of: Tenant Documents.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to 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

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
	S0096	A. BUILDING: _____ B. WING _____	C 10/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV ASSISTED LIVING AT ALTA	705 W 7TH ST ALTA, IA 51002

(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. General Population Program Number of tenants without cognitive disorder: 34 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 37 TOTAL census of Assisted Living Program: 37 The following insufficiencies were cited during the incident investiation of #55672-I, to determine compliance with certification for an Assisted Living Program:	A 000		
A 077	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant ' s medical record) This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to complete an incident when a tenant fell. Findings follow: Record review 10/21/15 of the Program's Resident Incident Report for Tenant #1, dated	A 077		

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A 077	Continued From page 1 9/30/15 staff and the tenant's family found him/her laying on the floor in his/her apartment on 9/30/15 at 3:08 p.m. Tenant #1 was found on the floor between the bed and the dresser. Tenant #1, 87 years old, admitted to the Program on 8/26/15 with diagnoses of: diverticulosis, anemia, hypothyroidism, hypercholesterolemia, hypopotassemia, iron deficiency anemia, glaucoma, hypertension, asthma, chronic airway obstruction, esophageal reflux, rheumatoid arthritis, osteoporosis, generalized pain, and dysphagia. Tenant #1 scored 11/11 on the mental status questionnaire dated 9/22/15. Tenant #1's functional evaluation dated 8/24/15 revealed he/she ambulated independently without assistance or with cane or walker. The evaluation also noted Tenant #1 rarely fell (6 or less times in the past year). Tenant #1's service plan dated 8/24/15 did not indicate he/she should be checked on while in his/her room. Staff and family interviews revealed no determination of how long Tenant #1 laid on the floor, however he/she did not attend breakfast or lunch in the dining room on 9/30/15. When interviewed on 10/21/15 at 1:15 p.m., the Registered Nurse (RN) said Tenant #1 had fallen about a week prior to this incident. Tenant #1 reported the fall to staff hours after it occurred. The RN said she thought there had not been an incident report completed because none of the staff witnessed the fall, but confirmed that she should have at least noted it in the Interdisciplinary Progress Notes. Documentation of the fall could not be located in the notes.	A 077		

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