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
	S0090	A. BUILDING: _____ B. WING _____	08/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(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: 1 Number of tenants with cognitive disorder: 19 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 20 THIS IS AN AMENDED STATE FORM 2567. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by:	A 089	The service plan shall be individualized and shall indicate, at a minimum: the tenant's identified needs and preferences for assistance. The RN will complete and updated service plan for Tenant #3. The RN and other nursing staff responsible for service plan development will be re-educated on regulatory requirements for service plan development. The service plan will be reviewed during the 90-day nurse review. This process will include	11/1/2016

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kent Walton, Administrator		10/10/16

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A 089	Continued From page 1 Based on a review of tenant files the Program failed to amend the service plan for 1 of 1 tenants reviewed with a dietary restriction (Tenant #3). Findings include: Tenant #3 was admitted on 8-12-14. According to a 90 day nurse review dated 8-8-16, Tenant #3 had a history of constipation. All cow's milk was to be held for a month, fluids were to be encouraged and staff were to monitor for constipation. Tenant #3 was to be accompanied at all times to the toilet and never left alone in the bathroom. According to a fax dated 8-8-16, the physician approved a 30 day trial removal of cow's milk from the tenant's diet. The service plan dated 8-8-16 did not reflect the holding of cow's milk from the diet.	A 089	reviewing interventions for effectiveness and making necessary updates and/or referrals; as well as to ensure the service plan identifies tenant needs and requests for assistance.	