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11/14/17

PRINTED: 12/28/2016
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0245	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/20/2016
NAME OF PROVIDER OR SUPPLIER PRIME LIVING APARTMENTS		STREET ADDRESS, CITY, STATE, ZIP CODE 725 PEARL STREET SIOUX CITY, IA 51103			
(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 Definition Number of tenants without cognitive disorder: 49 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 55 TOTAL census of Assisted Living Program: 55 No RIs were cited regarding the investigation of Complaint 64409-C. The following RI was cited during the recertification visit to determine compliance with certification rules for an Assisted Living Program.	A 000			
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the	A 036	see attached Plan of Correction PD		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 036	Continued From page 1 program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete cognitive, functional and health evaluations within 30 days of admission. This affected 1 of 1 newly admitted tenants (Tenant #2). Finding follows: The Program admitted Tenant #2 on 6/1/16. The Program completed cognitive, functional and health evaluations on 8/2/16. When interviewed on 12/19/16 at 4:00 p.m. the Director confirmed the Program failed to complete evaluation within the required 30 days of occupancy.	A 036			

Section: Nursing	
Procedure: Review of 30 day Assessments following Move In Of New Tenants	Effective: <u>01/03/17</u>

Procedure: Following new tenant move in, Wellness Director is required to complete a 30 days assessment to ensure assessment is accurate with the wants and needs of the tenant.

Wellness Director, upon completion of the assessment will have Administration or designee review the assessment to ensure it is done completed within the given time frame. Administration or designee, as well as Wellness Director, will be responsible to ensure that 30 days assessment is completed within regulatory guidelines.

AK 1/18/17
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1/18/17

Prime Assisted Living

Affordable Assisted Living

www.primeassistedliving.com

725 Pearl Street
Sioux City, Iowa 51101
(712) 226-6300



108 1st Avenue NW
Le Mars, Iowa 51031
(712) 548-5488

Jean Parrish – Director: (712) 541-1938

01/17/17

Deb Dixon, Program Coordinator
Adult Services Bureau
Health Facilities Division

Please accept this as the Plan of Correction from Prime Living Apartments following survey on 12/20/16 for recertification.

Deficiency A036 - 481-69022(1) Evaluation of Tenant

Prime Assisted Living failed to perform evaluation of tenant within 30 days following move in. The evaluation was performed 60 days after move in. Prime Living has put into effect a procedure we feel will prevent this from happening in the future. Attached please find a copy of the procedure that went in effect 01/03/17. Thank you and let me know if you have any questions or concerns.

Sincerely,

Jean Parrish

Prime Assisted Living

primelivingjp@frontiernet.net

712-541-1938 (cell)

~ Peace of Mind for the Entire Family ~

We accept Private Pay, Assisted Living Insurance, Medicaid (Title 19), and Section 8 Rental Vouchers!