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
	S0057	A. BUILDING: _____ B. WING _____	C 02/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALVIN COMMUNITY ASSISTED LIVING SERVICES	4210 HICKMAN ROAD DES MOINES, IA 50310

(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: 56 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 59 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 14 TOTAL census of Assisted Living Program: 73 The following regulatory insufficiencies were cited during the complaint visit conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 025	481-67.4(4) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(4) When a tenant elopes from a program.	A 025		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 025	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Program failed to notify the Department of tenant elopement. This pertained to 1 out of 1 tenant (Tenant #1). Finding follows: Record review on 2/1/17 revealed Tenant #1's resident progress notes documented on 11-7-16 at 6:45 a.m.: "... receptionist said 'someone found [resident] outside walking on Hickman Road and brought her back'... [resident] was sitting in a [wheelchair] shaking and [complained of] being cold. [Resident] states ' I was at [doctor] office. I went to hospital this afternoon'... this nurse escorted [resident] back to (his/her) room. [resident] denies any pain or discomfort.... very confused and alert to name only, [vital signs within normal limits]. No injuries noted..." A note at 7:11 a.m. documented, "...a cognitive assessment was performed resident scored 20/30 (he/she) remained largely unaware of current events, (he/she) was able to tell me (he/she) was in Iowa... Resident was unable to relate word for word what had happened to this nurse. Resident was referring to the incident as if it happened yesterday. Not easily redirected..." At 7:48 a.m. it was documented: "...following the incident we believe that (his/her) judgement is impaired... In this resident['s] case, (he/she) is not able to make safe judgement for (himself/herself)... The (Chief Executive Officer) stated that the incident needs to be self-reported and wanted this nurse and the director to discuss the incident and the reporting protocol." Record review on 2-1-17 for Tenant #1 revealed Tenant #1 had diagnoses including Alzheimer's and altered mental status. Global Deterioration Scale, completed 7-23-16, indicated Tenant #1 at	A 025		

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A 025	Continued From page 2 a level 5, which indicated moderately severe cognitive decline. Further record review revealed Tenant #1's elopement not reported to the Department of Inspections and Appeals. When interviewed on 2-1-16 at 2:29 p.m. the Director revealed she did not report incident to the Department because she did not think it was reportable due to Tenant #1 not residing in dementia unit.	A 025		