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
	S0041	A. BUILDING: _____ B. WING _____	04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT AMES ASSISTED LIVING	1325 COCONINO RD, STE 300 AMES, IA 50014

(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	481-69 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: 50 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 53 TOTAL census of Assisted Living Program: 53 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	VK 4/24/17	
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 program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional	A 036	See attached Plan of Correction DD 4/24/17	

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 or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate functional, cognitive and health status prior to signing the occupancy agreement for 2 of 5 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Review of Tenant #1's file revealed an admission date of 6-9-16. A cognitive assessment was completed on 6-1-16. There was no documentation of a functional or health assessment being completed prior to admission. 2. Review of Tenant #2's file revealed an admission date of 6-17-16. A cognitive assessment was completed after admission on 6-22-16. There was no documentation of a functional or health assessment being completed prior to admission. 3. Interview with the Executive Director on 4-2-17 at 2:03 PM confirmed no documentation of these missing initial assessments could be located.	A 036		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than	A 037		

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A 037	Continued From page 2 annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate functional, cognitive and health status within 30 days of occupancy for 4 of 5 tenants reviewed (Tenants #1, #2, #4 and #5). Findings follow: 1. Review of Tenant #1's file revealed an admission date of 6-9-16. There was no documentation that a functional, cognitive or health status assessment was completed within 30 days of occupancy. 2. Review of Tenant #2's file revealed an admission date of 6-17-16. There was no documentation that a functional, cognitive or health status assessment was completed within 30 days of occupancy. 3. Review of Tenant #4's file revealed an admission date of 5-16-16. There was no documentation that a functional, cognitive or health status assessment was completed within 30 days of occupancy.	A 037		

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A 037	Continued From page 3 4. Review of Tenant #5's file revealed an admission date of 5-7-16. There was no documentation that a functional, cognitive or health status assessment was completed within 30 days of occupancy. 5. Interview with the Executive Director on 4-2-17 at 2:03 PM confirmed no documentation of 30 day assessments could be located.	A 037		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to create a preliminary service plan as required for 2 of 5 tenants reviewed (Tenant #1 and #2). Findings follow: 1. Review of Tenant #1's file revealed an admission date of 6-9-16. There was no evidence of an Individualized Service Plan (ISP) completed prior to admission.	A 084		

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A 084	Continued From page 4 2. Review of Tenant #2's file revealed an admission date of 6-17-16. There was no evidence of an ISP completed prior to admission. 3. Interview with Executive Director on 4-2-17 at 2:03 PM confirmed no initial ISPs for these tenants could be located.	A 084		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were updated within 30 days of admission for 2 of 3 tenants reviewed who had a preliminary service plan completed (Tenants #4, #5). Findings include: 1. Review of tenant files revealed no service plans updated within 30 days of occupancy for Tenants #3 or #4. Subsequent service plans revealed both tenants received personal or health related care. 2. The Executive Director confirmed this finding on 4-2-17 at 2:03 PM.	A 085		

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A 094	Continued From page 5	A 094		
A 094	481-69.27(1)a Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure tenants who received program administered medications were monitored every 90 days as required for 3 of 5 tenants reviewed (Tenant #1, #2, and #5). Findings follow: 1. Review of Tenant #1's file revealed an admission date of 6-9-16. A 90 Day Nurse Review completed on 12-17-16 revealed the tenant received medication administration through the Program. There was no subsequent Nurse Review completed within 90 days. 2. Review of Tenant #2's file revealed an	A 094		

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A 094	Continued From page 6 admission date of 6-17-16. A 90 Day Nurse Review completed on 10-20-16 revealed the tenant received medication administration through the Program. There was no subsequent Nurse Review completed within 90 days. 3. Review of Tenant #5's file revealed an admission date of 5-7-16. A 90 Day Nurse Review completed on 12-17-16 revealed the tenant received medication administration through the Program. There was no subsequent Nurse Review completed within 90 days. 4. Interview with Executive Director on 4-2-17 at 2:03 PM confirmed that 90 day reviews were not completed after December 2016.	A 094		

LK 4/24/17

April 24, 2017

Department of Inspections and Appeals
Attn: Linda Kellen
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Kellen:

On behalf of The Waterford of Ames, I respectfully submit our Plan of Correction for your approval. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law.

Evaluation of Tenant

Elements detailing how the Program will correct each regulatory insufficiency.

- The RN will complete a health/functional/cognitive evaluation for Tenant #1, #2, #4, and #5.
- The RN will complete a health/functional/cognitive evaluation for new tenants prior to admission to The Waterford of Ames.
- The RN will complete a health/functional/cognitive evaluation within 30 days of move-in as required by regulation.

What measures will be taken to ensure the problem does not recur.

- The RN will be educated on regulatory requirements for evaluation of tenants.

How the Program plans to monitor performance to ensure compliance.

- The ED and/or designee will audit tenant charts at least every six months to ensure regulatory compliance.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by May 17, 2017.

Service Plans

Elements detailing how the Program will correct each regulatory insufficiency.

- The RN will develop a service plan for Tenant #1, #2, #3, #4
- The RN will complete a service plan prior to admission to The Waterford.
- The RN will complete a service plan within 30 days of move-in.

RDi 4/24/17

What measures will be taken to ensure the problem does not recur.

- The RN will be educated on regulatory requirements for completion of Service Plans.

How the Program plans to monitor performance to ensure compliance.

- The ED and/or designee will audit tenant charts at least every six months to ensure regulatory compliance.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by May 17, 2017.

Nurse Review

Elements detailing how the Program will correct each regulatory insufficiency.

- The RN will complete a 90 day nurse review for Tenant #1, #2 and #5.

What measures will be taken to ensure the problem does not recur.

- The RN will be educated on regulatory requirements for completion of a 90 day nurse review.

How the Program plans to monitor performance to ensure compliance.

- The RN and/or designee will monitor tenant charts for compliance at least every 6 months.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by May 17, 2017.

If you have questions, please feel free to contact me at 515-292-2858. Thank you.

Sincerely,

Vonnie Potter, ED

Vonnie Potter
Executive Director