VJK 6/30/17 CAC 6/30/17

PRINTED: 06/08/2017
FORM APPROVED

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 |
|---|---|---|---|
| | S0359 | A. BUILDING: _____ B. WING _____ | 05/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| JOURNEY SENIOR LIVING OF ANKENY | 3602 NW 5TH STREET ANKENY, IA 50023 |

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| A 000 | 481-67 Initial Comments<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 15<br>Number of tenants with cognitive disorder: 1<br>Total Population of Program at time of on-site: 16<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 1<br>Number of tenants with cognitive disorder: 9<br>Total Population of Program at time of on-site: 10<br><br>TOTAL census of Assisted Living Program: 26<br><br>The following regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification for an Assisted Living Program:<br><br>231C.5 Written Occupancy Agreement required<br>f. (1) When the tenant's health status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation.<br><br>Based on interview and record review the Program failed to include all criteria for admission/retention in the Occupancy Agreement. This potentially affected 26 of 26 tenants (Tenants | A 000 | POC 6/12/17 | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Julie Kuchan — TITLE: Executive Director — (X6) DATE: 6/15/17

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| A 000 | Continued From page 1<br>#1 - #26). Finding follows:<br><br>Review of the Program's Occupancy Agreement (OA) revealed it lacked the following criteria for admission and retention of tenants: "Despite intervention, chronically urinates or defecates in places that are not considered acceptable according to societal norms, such as on the floor or in a potted plant."<br><br>When interviewed on 5/25/17 at 2:00 p.m. the Executive Director confirmed the OA lacked the required information. She said the Program would add it immediately. | A 000 | Additional Criteria "letter J" was Added to the Facility Admission Agreement. A new list of Criteria was given to each resident for review and signed. this Addendum was attached to their original Contract. Each year, any new State regulation will be monitored and Added to Agreements as necessary and residents informed. | 5/30/2017 |
| A 118 | 481-67.19(3) Record Checks<br><br>481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks.<br>67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to complete dependent adult abuse and child abuse checks prior to employment for 2 of 3 staff reviewed (Staff A and C ). Findings follow: | A 118 | | |

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| A 118 | Continued From page 2<br>1. Record review on 5/24/17 revealed the Program hired Staff A on 9/29/16 . The Program completed the child and dependent adult abuse checks on 10/14/16. Therefore, the Program did not complete dependent adult and child abuse checks prior to employment of Staff A.<br><br>2. Record review on 5/24/17 revealed the Program hired Staff C on 10/31/16. The Program completed child and dependent adult abuse checks 10/19/16. Therefore, the Program failed to complete dependent adult and child abuse checks prior to employment of Staff C.<br><br>When interviewed on 5/24/17 at 3:30 p.m. the Executive Director confirmed the Program did not complete child and dependent adult abuse check prior to Staff A and C beginning employment. | A 118 | Due to lack of "Sing" Acct. background checks were not timely to come back. We now have An A Sing Acct And run background Checks before A job offer is extended. The Business office manager has A New policy that No one is Allowed on the floor until background checks And education is Completed. A tracking report has been created | 6/1/17 |
| A 032 | 481-69.21(2) Occupancy Agreement<br><br>481-69.21(231C) Occupancy agreement.<br>69.21(2) In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments:<br>a. The telephone number for filing a complaint with the department.<br>b. The telephone number for the office of long-term care ombudsman.<br>c. The telephone number for reporting dependent adult abuse.<br>d. A copy of the program ' s statement on tenants ' rights.<br>e. A statement that the tenant landlord law applies to assisted living programs.<br>f. A statement that the program will notify | A 032 | The Correct department for reporting has been corrected in our facility Agreement. All items will be reviewed in our Agreements on A yearly basis. These Agreements were given to the Department [redacted] And Nothing was mentioned before opening. | 6/1/1 |

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| A 032 | Continued From page 3<br>the tenant at least 90 days in advance of any planned program cessation, which includes voluntary decertification, except in cases of emergency.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to ensure the Occupancy Agreement (OA) included all required information within the agreement or in supporting documents/attachments. This potentially affected 26 of 26 tenants (Tenants #1-#26). Finding follows:<br><br>Review of the Program's OA revealed it failed to contain the appropriate number to report dependent adult abuse. The Program's OA included the telephone number for the Department of Human Services instead of the Department of Inspections and Appeals.<br><br>Further review revealed the Program failed to include a statement that the Program would notify a tenant at least 90 days in advance of any planned program cessation.<br><br>When interviewed on 5/25/17 at 2:00 p.m. the Executive Director acknowledged the missing information in the OA and said she would have them added immediately. | A 032 | 6/12/17<br>We have Adjusted the correct telephone Number on our Admission Agreement We will do yearly overview on our Agreements to Verify All information is correct And All State regulations Are Current within the Agreement residents have been given Correct info. We have Added the statement to include " Program would Notify A tenant At least 90 days in Advance of any PLANNED Program Cessation" residents will recieve updated info And A signed Addendum will be Attached to their Contracts Yearly Overview of Agreements will be made to make Sure All information is Compliant | |
| A 094 | 481-69.27(1)a Nurse Review<br><br>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 | A 094 | | |

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| A 094 | Continued From page 4<br>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:<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to ensure nurse reviews included a review of medications every 90 days. This affected 2 of 3 tenants reviewed (Tenants #2 and #3). Findings follow:<br><br>Record review on 5/25/17 revealed the Program's delegating Nurse had completed 90 day nurse reviews for Tenants #2 and #3, but failed to review and/or document a review of program administered prescription medications.<br><br>When interviewed on 5/24/17 at 2:30 p.m. the delegating Nurse acknowledged the 90 day reviews she completed did not include a documentation of a review of program administered medications for two of three tenants. | A 094 | A quarterly Nursing Summary will be Utilized for All quarterly assessments, which includes A medication review.<br>Assessment type has been added to the service Plan review Date document. The Director of Nursing or designee will review this document weekly<br>FACility WAS IN Compliance as of June 1, 2017 | 6/1/2017 |

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| A 222 | Continued From page 5 | A 222 | | |
| A 222 | 481-69.4(20) Nonaccredited program - app. content<br><br>69.4(20) The policy and procedure for addressing sexual relationships between tenants and staff or between tenants with dementia greater than Stage 5 on the Global Deterioration Scale.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to develop a policy and procedure to address sexual relationships between tenants and between tenants and staff. This potentially affected 26 of 26 tenants in the Program. Finding follows:<br><br>When interviewed on 5/24/at 1:30 p.m. the Executive Director confirmed the Program failed to develop policy and procedure to address sexual relationships between tenants and staff or between tenants with dementia greater than Stage five on the Global Deterioration Scale (GDS). | A 222 | A policy And procedure for this Addressing Sexual relAtionships between tenants And staff has been developed And educated to our employees this has been Added to our employee handbook. All New employees will be Coached during orientation Residents will be given this policy during signing of Agreements. Current residents have been given for their review And Added to their Agreement. Iowa State Regs will be reviewed yearly And implemented.<br><br>Policy | 6/15 |