

✓ 2/12/18

OK 2/1/18

PRINTED: 02/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/18/2018
NAME OF PROVIDER OR SUPPLIER AASE HAUGEN ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 8 OHIO STREET DECORAH, IA 52101		
(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	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. Number of tenants without cognitive disorder: 14 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 14 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached POC 2/23/18		
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 develop preliminary service plans prior to tenants signing the occupancy agreement for 2 of 3 tenants reviewed (Tenants #1 and #3). Findings follow:	A 084			

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2018
NAME OF PROVIDER OR SUPPLIER AASE HAUGEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 8 OHIO STREET DECORAH, IA 52101		
(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 084	Continued From Page 1 1. Record review of Tenant #1's file revealed an admission date of 12-30-17. Continued record review revealed Tenant #1's occupancy agreement, signed by Tenant #1 and the Assisted Living Coordinator on 12-22-17. Additional record review revealed Tenant #1's preliminary service plan, signed by Tenant #1 and the Assisted Living Coordinator on 12-29-17. The preliminary service plan was not developed and signed prior to Tenant #1 signing the occupancy agreement. 2. Record review of Tenant #3's file revealed an admission date of 11-3-17. Further record review revealed Tenant #3's occupancy agreement, signed by Tenant #3 and the Assisted Living Coordinator on 10-25-17. Continued record review revealed Tenant #3's preliminary service plan, signed by Tenant #3 on 11-2-17 and the Assisted Living Coordinator on 10-25-17. The preliminary service plan was not signed by Tenant #3 prior to Tenant #3 signing the occupancy agreement. When interviewed on 1-18-18 at 9:34 a.m. the Assisted Living Coordinator confirmed the Program failed to develop service plans prior signing if the occupancy agreement.	A 084		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 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	A 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2018
NAME OF PROVIDER OR SUPPLIER AASE HAUGEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 8 OHIO STREET DECORAH, IA 52101		
(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 118	Continued From Page 2 of the person in this state. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to complete a criminal history background check and abuse registries background check prior to employment for 1 of 3 staff reviewed (Staff A). Findings follow: Record review of Staff A's file revealed a hire date of 12-14-17. A criminal history background check and abuse registries background check was completed on 12-19-17 at 12:04 p.m. and revealed no results. A Program document indicated Staff A had previously worked at the Program from 8-19-16 to 9-5-17. Staff A was re-hired on 12-14-17 and the first date Staff A worked and received paid wages was 12-17-17. Timecard records revealed Staff A worked on 12-17-17 from 6:04 a.m. to 2:31 p.m., which was prior to the completion of the background check.	A 118		

✓
2/12/18

OK
2/9/18

The preparation of the following plan of correction for this regulatory insufficiency does not constitute and should not be interpreted as an admission nor an agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies.

A 084 Service Plans

Initial Service Plan form was developed on 1/17/18 and will be implemented into the pre occupancy process and will be filled out after completion of the evaluations and prior to signing the occupancy agreement. An Assisted Living Admit Checklist will be used with each new chart to verify that Service Plan was completed and signed prior to Occupancy Agreement.

Program RN or designee will audit any new occupants for the first month that the initial service plan is signed prior to the occupancy agreement.

Compliance date 2/23/18

A 118 Record Checks

Staff member A had a back ground check completed on 12/19/17.

Human Resources will ensure that a criminal history, dependent adult abuse and child abuse checks are completed prior to hire. Human Resources will document the background check on the Employee Checklist.

Program RN or designee will verify the employee checklist that the background check has been completed and is included with employee file for the next month.

Compliance date 2/23/18

Carolyn Sutton RN, ALMC
2/8/18