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
	S0013	A. BUILDING: _____ B. WING _____	C 04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REED PLACE	2506 3RD AVE NORTH DENISON, IA 51442

(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: 27 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 30 The following regulatory insufficiency was cited during the investigation of Complaint #74659-C.	A 000		
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 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:	A 037	Plan of Correction is attached DD 5/25/18	

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

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A 037	Continued From page 1 Based on interview and record review the Program failed to complete required assessments within 30 days of occupancy for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Review of Tenant #1's file revealed an admission date of 9-10-17. There was no documentation that a functional, cognitive or health status assessment was completed within 30 days of occupancy. Review of Tenant #2's file revealed an admission date of 12-6-17. There was no documentation that a functional, cognitive or health status assessment was completed within 30 days of occupancy. Review of Tenant #2's file revealed an admission date of 3-5-17. There was no documentation that a functional, cognitive or health status assessment was completed within 30 days of occupancy. Interview on 4-10-18 at 12:27 p.m. the Care Services Specialist confirmed no documentation of 30 day assessments could be located.	A 037		

Reed Place
Senior Living

May 8th, 2018

Ms. Linda Kellen, Bureau Chief

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

HEALTH FACILITIES

MAY 10 2018

RE: Reed Place Plan of Correction

Dear Ms. Kellen

Enclosed is the required "Plan of Correction" regarding the visit to Reed Place on April 8th and 9th related to complaint number 74695-C . Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-69.22(2) – Evaluation of Tenant - 231C - 69.22(2)

- Tenant #1 was reassessed and the service plan reviewed on 4/27/18, tenant #2 was reassessed and the service plan reviewed on 5/7/18, tenant #3 was reassessed and the service plan reviewed on 4/27/18.
- Current tenant charts have been reviewed and there are no further 30 day assessments that have not been completed.
- The CSS (Care Services Specialist) has reeducated the ED (Executive Director) and CSM (Care Services Manager) on the importance of conducting a " functional, cognitive and health status" assessment within 30 days of a tenant moving in.
- The ED and CSM will conduct a monthly audit of new tenant's charts for the next six months to ensure 30 day assessments are being completed on or before the 30th day of admission.

Date of completion for the Plan of Correction is May 8th, 2018.

Sincerely,

Rose Strong

Rose Strong

Executive Director

5/10/18

2506 3rd Ave N | 712-263-8657
Denison IA 51442

Enlivant.com