✓ 11/9/18 OK 11/18/18

PRINTED: 08/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP053	A. BUILDING _____ B. WING _____	08/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COBBLE CREEK ASSISTED LIVING	2116 1ST AVE E SPENCER, IA 51301

(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: 0 Number of tenants with cognitive disorder: 11 TOTAL census of Assisted Living Program: 11 The following regulatory insufficiencies were cited during the investigation of complaint #77095-C:	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This Requirement is not met as evidenced by: Based on interview and record review the Program staff failed to consistently follow policy and procedures as outlined in the Program's Policy Manual. This affected 1 of 3 tenants reviewed as a result of Complaint 77095-C and potentially affected all tenants. Finding follows: When interviewed on 8/6/18 at 12:47 p.m. the	A 003	the director will update the policies + procedures & have all current staff read & sign the new policies. Any new staff that get hired must read & sign that they have read this as well. CCAL is having a staff meeting & all staff will be made aware of all new	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 003	Continued From Page 1 Director confirmed a staff member brought her child to the Program on two to three occasions when she was scheduled to work. According to the Director the staff person could not secure child care so she and an assistant said she could bring her child to the Program while she worked. Record review on 8/6/18 revealed the Program's House Rules from the Policy Manual. The rules were noted to apply to staff and tenants and included the following: "An adult must always supervise children while visiting the facility." When interviewed on 8/7/18 at 10:45 a.m. the Director confirmed a staff member had brought her child to work with approval and/or authorization of her supervisor. She acknowledged that staff having a child at work could interfere with the care provided to tenants.	A 003	changes. this will be completed by 10-31-18. the Director will do unprompted stops to check on staff & be sure they are following all new procedures.	
A 014	481-67.3(3) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(3) To receive respect and privacy in the tenant's medical care program. Personal and medical records shall be confidential, and the written consent of the tenant shall be obtained for the records' release to any individual, including family members, except as needed in case of the tenant's transfer to a health care facility or as required by law or a third-party payment contract. This Requirement is not met as evidenced by:	A 014	the director will update policies about tenants privacy & have all current staff read & sign the new policies. Any new staff that get hired must read this as well & sign that they	

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A 014	Continued From Page 2 Based on observation and interview the Program staff failed to consistently respect tenants privacy. This affected 1 of 1 tenant (Tenant #3) who had a physician's appointment they day of observations. Finding follows: Observations on 8/6/18 at 11:30 a.m. revealed Staff A administered medication to Tenant #4. Tenant #4 asked who the surveyor was and Staff A responded she is here for a complaint and we all know what that is about. During the medication administration Staff A held a phone conversation with the Director who was not on-site, regarding the complaint. She made several comments about a former tenant. At 12:34 p.m. Staff A talked to other tenants about Tenant #3's medical appointment earlier that morning for her back. When interviewed on 8/7/18 at the Director acknowledged that Program staff should not discuss tenant private matters/medical issues with other tenants.	A 014	understand. CCAL will be having a meeting so that we can discuss all these issues. Director will monitor staff to ensure compliance with these new policies & procedures. this will be completed by 10-31-18.	
A 033	481-69.21(3) Occupancy Agreement 481-69.21(231C) Occupancy agreement. 69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to review and update the Occupancy Agreement (OA) as needed to incorporate changes to criteria for admission/retention. This affected 7 of 11 tenants currently residing at the Program and 1 tenant who moved from the Program. (Tenants #1- #6	A 033	the director will go through all occupancy agreements & make sure they are updated & meet the required changes. this will be completed	

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A 033	Continued From Page 3 and #8-#10. Finding follows: Record review on 8/7/18 revealed the Program OA and supporting documents failed to include all criteria for admission/retention of tenants. When interviewed on 8/7/18 at 10:10 a.m. the Director confirmed the Program failed to update current tenant OAs when program rules changed to include an additional admission/retention criteria. She said she updated the OA for new tenants after a complaint investigation in March but did not notify/update current tenants of the change in admission/retention criteria.	A 033	by 10-3-18. the director will be sure to keep updated. on all new changes + update as needed.	
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: Based on interview and record review the	A 037	Effective immediately, the facility nurse will conduct a cognitive evaluation along with the health functional evaluation, anytime a tenant comes back from a stay at a hospital or has a significant change. the director goes through all tenants charts monthly, she will check	

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A 037	Continued From Page 4 Program failed to complete cognitive evaluations when tenants experienced a significant change. This affected 2 of 3 current and former tenants (Tenants #4 and #10) reviewed. Findings follow: Record review on 8/7/18 revealed Tenant #4 returned to the Program from a hospital stay on 9/8/17. The Program's Nurse completed a tenant re-assessment on 9/8/17. Review of the re-assessment revealed the Program Nurse completed functional and health evaluations, but failed to complete a cognitive evaluation. Record review on 8/7/18 revealed Tenant #10 returned to the Program from hospital stay on 4/30/18. The Program's Nurse completed a tenant re-assessment on 4/30/18. Review of the re-assessment revealed the Program Nurse completed functional and health evaluations, but failed to complete a cognitive evaluation. When interviewed on 8/7/18 at 10:30 a.m. the Director confirmed the only evaluations she could locate were the functional and health evaluations.	A 037	I monitor to make sure that all this is being followed. the facility nurse will keep updated on any new changes that may occur. Aimee Mueller	