11/9/18 ok 11/8/18

PRINTED: 11/02/2018
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
	S0095	A. BUILDING: _____ B. WING _____	10/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELM SPRINGS INDEPENDENT AND ASSISTED LIVING	1011 SEVENTH STREET WEST ALLISON, IA 50602

(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. General Population Program Number of tenants without cognitive disorder: 12 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 12 TOTAL census of Assisted Living Program: 12 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	Plan of Correction Date submitted: November 8, 2018 Completion Date December 2, 2018 Preparation and execution of this plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law. **A089 481-69.26(4)a Service Plans** The facility ensures the service plan shall be individualized and shall indicate the tenant's needs and preferences. 1. Tenant #1 – Tenant had been receiving the proper texture consistency for meals provided. The ALF – Negotiated Service Plan was updated to reflect the texture consistency the tenant receives per the physician order for ground meat. 2. Tenant #2 - Tenant had been receiving the proper texture consistency for meals provided. The ALF – Negotiated Service Plan was updated to reflect the texture consistency the tenant receives per the physician order for ground meat.	
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently develop service plans based on the identified needs and preferences of tenants. This pertained to 2 of 2 tenants reviewed (Tenant #1 and #2). Findings follow: 1. Review of Tenant #1's file revealed a letter	A 089		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kathy Miller	Administrator	11-8-18

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A 089	Continued From page 1 from her dentist, dated 9-21-16, recommended grinding food due to missing teeth. Continued record review revealed Tenant #1's service plan, dated 8-30-18, included no information regarding ground meat as ordered by the dentist. 2. Review of Tenant #2's file revealed a medication review report included an order for ground meat, prescribed 9-29-17. Continued record review revealed Tenant #2's service plan, dated 8-31-18, included no information regarding ground meat as ordered by the physician. When interviewed on 10-16-18 at 11:37 a.m. the Registered Nurse confirmed Tenant #1 and Tenant #2 required therapeutic diets of ground food. She further confirmed the provision of ground meat was not included in their service plans.	A 089	3. Physician orders are reviewed by the AL Nurse. AL Nurse will update ALF Negotiated Service Plan as physician Orders are reviewed to ensure tenants needs and preferences are met. 4. AL Manager will audit physician orders and service plan to ensure accuracy for tenant needs and preferences. Audits will be completed monthly.	