11/9/18 OK 11/8/18

PRINTED: 10/25/2018
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
	S0143	A. BUILDING: _____ B. WING _____	10/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBROOK ASSISTED LIVING	1121 FREMONT STREET IOWA FALLS, IA 50126

(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: 33 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 34 TOTAL census of Assisted Living Program: 34 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	POC 11/1/18 1. Elements detailing how the program will correct each regulatory insufficiency. a. The program failed to complete a nurse review to assess & document the health status of tenant at least Q 90 Day. 2. Measures taken to ensure the problem does not recur a. Re-educate RN b. Spread Sheet c tenants Admit- & Q 90 day review due. 3. How Program plans to monitor Performance to ensure compliance. a. Random audits of service plan review per Assistant Director. 4. The date by which the regulatory insufficiency will be corrected. a. This will be completed 11/1/2018.	
A 096	481-69.27(1)c Nurse Review 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 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 or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	A 096		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Julie A Feeney TITLE RN 11-2-18 (X6) DATE

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A 096	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a nurse review to assess and document the health status of tenants at least every 90 days. This affected 1 of 1 tenants that received personal and health related cares (Tenant #1). Findings follow: Record review revealed Tenant #1 was admitted on 9-18-17. Review of his Service Plan, dated 9-15-17, revealed he received assistance with bathing and required staff supervision for his medications. A review of Progress Notes dated 10-16-17 through 9-27-18 revealed a 90 day Nurse Review completed 12-15-17. Further review of Progress Notes revealed no subsequent 90 day Nurse Reviews completed. During an interview on 10-8-18 at 1:42 p.m. the Administrator confirmed this finding.	A 096		