

✓ 11/11/19 OK 11/17/19

PRINTED: 10/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP329 HFD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2018
NAME OF PROVIDER OR SUPPLIER CLARENCE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 408 2ND AVENUE CLARENCE, IA 52216		
(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: 18 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 18 There were no regulatory insufficiencies cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program. 231C.5 Written occupancy agreement required. 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy	A 000	See attached POC 11/28/18	11/28/18

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

TITLE

(X6) DATE

STATE FORM

021199

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If continuation sheet 1 of 3

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A 000	Continued From Page 1 of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. This requirement is NOT met as evidenced by: Based on interview and record review the Program failed to deliver, at least 30 days prior to any changes, a written copy of changes to the occupancy agreement regarding transportation services. This potentially affected all tenants with an admission date prior to 1-1-18 (14 tenants). Findings follow: A tenant community meeting held on 10-10-18 at 10:30 a.m. revealed concern regarding the change of the provision of transportation services. Record review on 10-10-18 revealed the current Occupancy Agreement, with a revised date of 9-18-18, reflected the Program provided assistance with the arrangement of transportation. Previous Occupancy Agreements (dated 5-15-14 and 4-20-16) reflected scheduled transportation was provided. Continued record review revealed a Resident Meeting, dated 12-27-17 at 10:30 a.m., reflected the Program no longer provided transportation to appointments; however, would assist with transportation arrangements as needed. When interviewed on 10-10-18 at 4:10 p.m. and 4:20 p.m. the Nurse revealed the Program previously provided transportation for tenants to local appointments; however, it was no longer provided. The Program would assist with the arrangement of transportation services. The tenants were made aware of the change at a Resident Meeting on 12-27-17 and the change was effective 1-1-18. She had confirmed with the	A 000		

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A 000	Continued From Page 2 Nurse Manager (who was out of the building at the time of the recertification visit) that tenants were informed verbally of the change regarding transportation services. A written notice regarding the change in transportation services was not provided.	A 000			

11/27/19
OK

The following plan of correction should not be interpreted as an admission or agreement of the truth or the facts alleged nor conclusion set forth in the statement of regulatory insufficiencies. The plan of correction prepared for the insufficiency was completed solely because it is required by state law.

It is the intent of the facility to follow regulations related to written changes to the occupancy agreement.

1. All residents will be given a written notice related to the discontinuation of transportation services as stated in the resident meeting on 12/27/17.
2. All residents will be notified at least 30 days in writing prior to any occupancy agreement changes in accordance with 231.5C.
3. The Administrator or designee will co-sign and approve any written notices related to any occupancy agreement changes prior to delivery to the residents. This will be monitored for a period of 6 months.
4. All regulatory insufficiencies will be corrected by 11/28/18.