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
	S0160	A. BUILDING _____ B. WING _____	01/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER POND ASSISTED LIVING	516 13TH ST WELLMAN, IA 52356

(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	481-67 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: 8 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 8 The following regulatory insufficiency was cited during the Recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000		
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 record reviews, the program failed to individualize service plans to indicate identified needs and preferences for assistance for 2 of 2 tenanats reviewed (Tenant #1, Ternant #2). Findings include: 1. According to a Physician order dated 9-20-16, Tenant #1 was to receive Physical Therapy (PT) to evaluate and treat for exacerbation of knee	A 089	See attached P/a & Correction DJ — 1/30/17	

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

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A 089	Continued From page 1 pain and stiffness. Tenant #1's service plan was updated on 9-20-16 to indicate the PT evaluate and treatment. According to a PT-Therapist Progress and Discharge Summary, Tenant #1's start of care date was 9-30-16 and discharge date was 11-23-16. Tenant #1's service plan did not indicate the frequency of visits or when Tenant #1 was discharged from PT services due to goals being met. 2. According to Nurse's Notes dated 12-9-16, nurses were called to the program at 6:25 p.m. Tenant #2 was at the dining room table drinking coffee and conversing with staff. Tenant #2 became glassy eyed and unresponsive. A sternal rub was performed with no response. The episode lasted approximately three minutes before the tenant respomded and stated they felt okay. Tenant #2's physician was notified and said if Tenant #2 was agreeable to send him/her to the emergency room (ER) to be evaluated. The ambulance was called. Tenant #2 returned to the program on 12-10-16 at 1:30 p.m. ER report indicated Tenant #2 was to be evaluated by primary physician the next week. Tenant #2's service plan was not updated to indicate the fainting episode and interventions for fainting episodes. 3. According to a Tenant Fall Report dated 12-18-16 at 10:40 a.m., Tenant #2 was found sitting on the floor. The tenant stated he/she became weak while ambulating and fell, possibly hitting their head on a stand. There was no apparent head injury but a large hematoma to the right elbow was noted. The area was wrapped loosely with gauze to prevent bleeding onto clothing and the tenant was transported to the hospital via ambulance. Nurse's Notes dated 12-18-16 at 4:15 p.m. indicated Tenant #2	A 089		

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A 089	Continued From page 2 returned to the program with dressing in place to the right upper elbow. There were three areas of sutures: set of four, set of two and another set of two. Instructions were to follow up with physician to have sutures removed in eight to ten days. Nursing Note's indicated nurses would be completing dressing changes and anibiotic cream would be utilized. Tenant #2's service plan was not updated to reflect fall interventions, the three areas of sutures, the date sutures needed to be removed, the need for dressing changes or the use of an antibiotic cream.	A 089		

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Submission of the response and plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or other associates, agents, or other individuals who draft or may be discussed in this response and plan of correction. Preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any fact alleged or the correctness of any conclusion set forth in these allegations by the survey agency.

Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of appeal of these matters solely because of the requirements under State and Federal law that mandate submission of a plan of correction within ten (10) days of the receipt of survey findings. The submission of the plan of correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admission by the facility.

A089

a. All Service plans in Silver Ponds will be reviewed and updated. The service plan shall be individualized and shall indicate, at a minimum, the tenant's identified needs and preferences for assistance.
b. The Administrator, Assisted living director and the Director of nurses has been educated on service plans as of 01/11/2017.
c. The Assisted living director will Audit service plans weekly for 3 months. Results of the audits will be taken to QAPI for review / revision as appropriate.
d. This will be completed by February 9th.

1/30/17

1/30/17