2/18/19

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
	S0307	A. BUILDING: _____ B. WING _____	C 01/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING CREEK	2607 NICKLAUS BLVD SIOUX CITY, IA 51106

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 32 Number of tenants with cognitive disorder: 8 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 11 Total Census of Assisted Living Program for People with Dementia: 51 The following regulatory insufficiencies were cited during the investigation of Complaint 79696-C:	A 000		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced	A 013		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

Executive Director 1/28/19

STATE FORM 6899 JGGW11 If continuation sheet 1 of 2

DD 2/14/19

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 013	Continued From page 1 by: Based on observation, interview and record review the Program failed to provide services as directed by service plans for 1 of 2 reviewed (Tenant #1). Finding follows: Record review on 1/8/19 revealed a document referred to as housekeeping log. According to the logs provided by the Program for the months of September, October and November the Program last completed cleaning of Tenant #1's room on 9/21/18. When interviewed on 1/8/19 at 11:15 a.m. the Program's administrator said the housekeeper could not find all housekeeping logs. Further record review revealed Tenant #1's service/care plan signed 4/18/18 indicated housekeeping would be provided weekly on Thursday mornings. In addition Tenant #1's Occupancy Agreement (OA) signed on 8/23/17 noted weekly housekeeping services would be provided. When interviewed on 1/8/19 at 3:15 p.m. the administrator acknowledged the Program could not provide documentation of weekly cleaning as stated in the service plan and OA.	A 013	A013. A. Whispering Creek Housekeeping will create a housekeeping monthly binder. Each area of cleaning will be identified on the log. Housekeeper will mark off when apartment is cleaned, weekly, per our occupancy Agreement, the Resident's Service plan, and housekeeping schedule. B. Housekeeping log will be reviewed weekly X2 weeks. C. Housekeeping log will then be reviewed every 2 weeks X4 weeks D. Housekeeping log will be reviewed monthly there after.	1/31/2019 2/1/19 2/15/19 3/15/19