| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD343 HFD | A. BUILDING _____ B. WING _____ | 03/26/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FLOYD PLACE | 403 C STREET SERGEANT BLUFF, IA 51054 |

| (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<br><br>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.<br><br>General Population<br><br>Number of tenants without cognitive disorder: 18<br><br>Number of tenants with cognitive disorder: 9<br><br>TOTAL Census of Assisted Living Program for People with Dementia: 27<br><br>A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. Complaint #81656-C was also investigated. The following regulatory insufficiency was identified: | A 000 | see attached POC 5/15/19 | |
| A 086 | 481-69.26(3)a Service Plans<br><br>481-69.26(231C) Service plans.<br>69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.<br><br>a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. | A 086 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| A 086 | Continued From Page 1<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review the Program failed to consistently update tenant service plans and ensure the plans were signed and dated. This affected 1 of 3 tenants (Tenant #1). Findings follow:<br><br>Record review on 3/25/19 revealed an universal incident report dated 2/21/19 desribing an incident where staff tried to encourage Tenant #1 not to leave the Program due to weather. At 10:30 p.m. Tenant #1's wife came to staff to tell them her husband was lost. The Program contacted the police and Tenant #1 was found safely in his van in a ditch near the northbound ramp on Interstate 29. Police located Tenant #1 and returned him to the Program at 1:00 a.m. without injuries. Further review revealed an incident report dated 3/4/19 stated Mercy hospital phoned the Program to report Tenant #1 was lost in their parking lot. According to the report Tenant #1 did not remember how he got there.<br><br>Record review on 3/25/19 revealed a resident services note dated 3/5/19. According to the note the Program discussed a physician order with Tenant #1's wife and daughter. The physician's order stated the tenant could not leave the Program without an escort. Tenant #1 refused to wear a wandergard. The Program changed the door code and talked to the tenant who verbalized understanding that he could not leave the building without someone with him.<br><br>Record review revealed Tenant #1's Assessment and Negotiated Service Plan Summary signed by the delegating nurse on 1/30/19. The Program failed to update the service plan to reflect the need for Tenant #1 be accompanied when leaving the Program and obtain required signatures. | A 086 | | |

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|---|---|---|---|---|
| A 086 | Continued From Page 2<br><br>When interviewed on 3/26/19 at 10:00 a.m. the Program's delegating nurse acknowledged the information should have been included in the service plan. She said she didn't consider it a significant event as the Program was aware of Tenant #1's confusion. | A 086 | | |

OK
6/24/19

✓ 6/26/19

April 26th, 2019

Ms. Linda Kellen, Bureau Chief

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

APR 29 2019

RE: Floyd Place Plan of Correction

Dear Ms. Kellen

Enclosed is the required "Plan of Correction" regarding the Recertification Survey which was conducted March 25th –March 26th, 2019 at Floyd Place. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-69.26(3)a - Service Plans

- Tenant #1 – an updated service plan was completed on March 25th, 2019 to reflect current cares and needs.
- RDCS re-educated the ED and CSM on the requirements of having Service Plans that are individualized and identify needs and preferences for assistance and reflect a change of condition; on March 25th, 2019.
- ED or designee and CSM or designee will review current resident service plans to ensure that they are individualized and identify needs and preferences for assistance; newly admitted residents will be reviewed at the time of move-in to ensure the same.
- ED or designee and CSM or designee will conduct an audit quarterly for the next 4 quarters to ensure change of condition assessments are completed timely and accurate to reflect resident changes and needs.
- Date of completion for the Plan of Correction is May 15th, 2019.

Sincerely,

Kevin Blosch

Executive Director/Floyd Place