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
	S0334	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTSIDE ASSISTED LIVING SUITES	110 ELY STREET CLARKSVILLE, IA 50619

(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: 10 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 10 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	**A000** The preparation of the following plan of correction for these deficiencies does not constitute and should not be interpreted as of the validity or accuracy of the statements alleged or conclusion set forth in this statement of deficiencies.	
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037	**A037** Tenants #1 and #2 will have full re-assessments completed to ensure program is in compliance. Tenant #1 full re-assessment was completed on 7/8/19. Tenant #2 full re-assessment was completed on 7/3/19.	

Continued...

7/17/19

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenants as needed for 2 of 2 tenants reviewed with a significant change Tenant #1, #2). Findings follow: 1. Review of Tenant #1's file revealed a Health and Functional Assessment dated 2-23-19 indicating she required no assistance with medication administration. Review of a Nurse Review dated 4-1-19 revealed she requested assistance with setting up medications and reminders to take medications. A Nurse Review dated 5-17-19 revealed the tenant required staff to administer her medications. No documentation of assessments regarding a significant change of condition could be located. 2. Review of Tenant #2's file revealed Health and Functional Assessment dated 5-11-19 revealed he no longer required assistance with bathing. No documentation of a cognitive assessment regarding a significant change of condition could be located. On 6-19-19 at 12:12 p.m. the Registered Nurse Coordinator confirmed she failed to complete the required assessments.	A 037	RN and other AL nurses will be re-trained on regulatory requirements specific to evaluations and service plans RN or designee will audit charts every 6 months This program will be in compliance on or before July 26th, 2019.	
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed	A 083	Continued...	

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A 083	Continued From page 2 for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on evaluations as required for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Review of Tenant #1's file revealed comprehensive assessments were not completed as required for a significant change in condition regarding medication administration on 4-1-19 and 5-17-19. As a result, her service plans were not developed based on required assessments. 2. Review of Tenant #2's file revealed cognitive assessments were not completed as required for a significant change in condition regarding bathing on 5-11-19. As a result, his service plan was not developed based on required assessments. On 6-19-19 at 1:14 p.m. the Registered Nurse Coordinator confirmed these findings.	A 083	**A083** Tenants #1 and #2 will have full re-assessments completed to ensure program is in compliance. Tenant #1 full re-assessment was completed on 7/8/19. Tenant #2 full re-assessment was completed on 7/3/19. RN and other AL nurses will be re-trained on regulatory requirements specific to evaluations and service plans RN or designee will audit charts every 6 months This program will be in compliance by July 26th, 2019.	