

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/02/2019
NAME OF PROVIDER OR SUPPLIER WEST LIBERTY AL RESIDENCES		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NORTH MILLER STREET WEST LIBERTY, IA 52776		
(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: 16 Number of tenants with cognitive disorder: 4 Total census of Assisted Living Program: 20 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program: 231C.5 (1) Written occupancy agreement required. 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 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 execute written occupancy	A 000	Please see attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

Shelley D. Wicks

TITLE

Administrator

(X6) DATE

11-04-2019

STATE FORM

6899

E9WB11

If continuation sheet 1 of 2

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/02/2019
NAME OF PROVIDER OR SUPPLIER WEST LIBERTY AL RESIDENCES		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NORTH MILLER STREET WEST LIBERTY, IA 52776			
(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	Continued From page 1 agreements between the Program and tenants or tenants' legal representative prior to taking occupancy for 2 of 3 tenants reviewed (Tenants #2 and #3). Findings follow: Record review on 10-1-19 and 10-2-19 revealed Tenant #2's admission date was 4-12-19. Progress Notes (Admission Summary) dated 4-12-19 indicated Tenant #2 was admitted on 4-12-19. An occupancy agreement signed prior to Tenant #2's occupancy was not provided. An Occupancy Agreement was signed by Tenant #2 and the Interim Nurse Coordinator on 10-2-19. The occupancy agreement was not signed prior to Tenant #2 taking occupancy. Record review on 10-1-19 and 10-2-19 revealed Tenant #3's admission date was 1-4-18. Progress Notes (Admission Summary) dated 1-5-18 indicated Tenant #3 was admitted on 1-4-18. An Occupancy Agreement was signed by Tenant #3 and the Former Nurse Coordinator on 1-5-18 at 7:00 p.m. The occupancy agreement was not signed prior to Tenant #3 taking occupancy. When interviewed on 10-2-19 at approximately 9:55 a.m. and 11:20 a.m. the Interim Nurse Coordinator revealed an occupancy agreement executed before admission could not be found for Tenant #2.	A 000			

This is West Liberty's plan of correction dated October 3, 2019

✓ 1/1/20

231C.5 (1) Written Occupancy Agreement Required

For Tenant #2, the occupancy agreement was read to and signed by the tenant on October 2, 2019.

For Tenant #3, the occupancy agreement was read to and signed by the tenant on January 4, 2018, one day late.

An interim RN Coordinator started working in the assisted living on June 10, 2019. Since the monitoring, she has reviewed all of the office charts to make sure the occupancy agreements were all there and correctly signed and dated.

To ensure compliance, the RN Coordinator or designee will assure that the occupancy agreement is read to, signed by the tenant and/or responsible party, and dated prior to the tenant taking occupancy in the building.

✓ 1/3/20