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
	S0349	A. BUILDING: _____ B. WING _____	10/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWAN PLACE	1024 E 12TH STREET CARROLL, IA 51401

(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: 36 Number of tenants with cognitive disorder: 3 Total population of Program at time of on-site: 39 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observation and interview the Program failed to maintain the ceiling of the kitchen in good repair. Findings include: On 9/30/19 at 12:11 p.m. observation of the kitchen's heating and air conditioning ceiling vents revealed large areas of missing drywall and flaking paint on 2 of the 4 air vent. In addition one of six ceiling lights had pulled loose and out of alignment leaving a hole where the fastener once anchored the light to the ceiling.	A 154	10/14/19	

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 154	Continued From page 1 On 9/30/19 at 12:35 p.m. the Administrator confirmed these findings.	A 154		

1/1/20

October 29, 2019

Ms. Linda Kellen, Program Coordinator

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

RE: Swan Place Plan of Correction

Dear Ms. Kellen

Enclosed is the required "Plan of Correction" regarding the Re Certification Monitoring Evaluation report at Swan Place which was conducted on September 30th – October 1st, 2019. 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 constructed 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 481-69.35(1)b Structural Requirements

- The Regional Director of Care Services educated the Executive Director on the requirements of keeping a well-maintained, clean, safe and sanitary building. This was completed on October 1st, 2019.
- The ceiling in the kitchen was fixed on October 3rd, 2019.
- The Executive Director will continually monitor the community for structural issues and address them when they arise.

Date of completion for the Plan of Correction is October 30th, 2015.

Sincerely,

Taylor Forsling

Executive Director/Swan Place

1/3/20