1/17/20

PRINTED: 10/28/2019
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
	S0318	A. BUILDING: _____ B. WING _____	C 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF COUNCIL BLUFFS	2306 SHERWOOD DRIVE CO BLUFFS, IA 51503

(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: 75 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 75 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans within 30 days of occupancy for 3 of 3 tenants who took occupancy within the last year (Tenants #6, #7, #8). Findings follow: 1. Record review on 10/16/19 revealed Tenant #6 took occupancy on 2/1/19. Further review	A 085	See attached Response and Plan of Correction	

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

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A 085	Continued From page 1 revealed the Program failed to update Tenant #6's service plan within 30 days of occupancy. 2. Record review on 10/16/19 revealed Tenant #7 took occupancy on 9/4/19. Further review revealed the Program failed to update Tenant #7's service plan within 30 days of occupancy. 3. Record review on 10/16/19 revealed Tenant #8 took occupancy on 2/1/19. Further review revealed the Program failed to update Tenant #8's service plan within 30 days of occupancy. When interviewed on 10/16/19 at 1:50 p.m. the Clinical Manager confirmed Program failed to update the service plan within 30 days of occupancy for Tenants #6, #7 and #8.	A 085		

The Rose of Council Bluffs, L.P.
By: EverGreen Real Estate Development Corp., Gen. Ptr.
By: _____
Gregory A. Mcclenahan, President
11-11-2019

1/7/20

Response to Statement of Deficiencies - Plan of Correction
Recertification visit – 10-14-19 through 10-16-19
DATED 11-11-2019

481-69.26(3) Service Plans – Service plan of a tenant receiving personal care shall be updated within 30 days of a tenant's occupancy and as needed with significant change, but not less than annually.

Plan of Correction: Nursing staff of service provider has been oriented to and trained regarding the ALF requirement for updating the assisted living service plan within 30 days of occupancy for residents receiving personal cares. Date of compliance was November 1, 2019. In order to avoid recurrence, for 90 days, the ALF service plans of all new occupants who receive personal care services will be audited to assure compliance with the 30-day post occupancy service plan review requirement. Compliance threshold is 100%.

1/6/20