

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/11/2019
NAME OF PROVIDER OR SUPPLIER REED PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2506 3RD AVE NORTH DENISON, IA 51442			
(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: 17 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 24 The following regulatory insufficiency was cited during the investigation of Complaint #86713-C:	A 000			
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently follow its' policy regarding incident reports for 1 of 4 tenants reviewed (Tenant #1). Finding follows:	A 003			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

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A 003	<p>Continued From page 1</p> <p>Record review on 12/11/19 revealed a universal incident report (UIR) dated 10/9/19 for Tenant #1. According to the UIR Tenant #1 stated she fell in the restroom - no injuries apparent.</p> <p>Record review on 12/11/19 revealed the Program's Community Incident Reporting Guidelines updated 3/2014. According to the guidelines the Program should promptly notify the tenant's family/responsible party of all incidents and accidents.</p> <p>When interviewed on 12/11/19 at 11:20 a.m. Tenant #1's legal guardian said she did not talk to anyone from the Program about the incident on 10/9/19. According to the guardian after the fall/incident, Tenant #1 was admitted to the hospital and subsequently admitted to a nursing facility.</p> <p>When interviewed on 12/11/19 at 2:00 p.m. Staff A said when she checked on Tenant #1 during the overnight shift on 10/9/19 the tenant said she had fallen. Staff A said she contacted the Community Services Manager (CSM), Tenant #1's significant other and legal guardian.</p> <p>Review of the UIR on 12/11/19 indicated Staff A notified the CSM and Tenant #1's significant other at 2:15 a.m. on 10/9/19. There was no indication the legal guardian was notified.</p> <p>During the exit interview on 12/11/19 the CSM and Executive Director acknowledged the Program had no documentation of a phone call to the guardian.</p>	A 003	<p>Plan of Correction is attached</p> <p>Dei —</p>	

✓
1/29/20

January 15th, 2020

Ms. Linda Kellen, Bureau Chief

Adult Services Bureau

✓ 1/29/20

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

RE: Reed Place Plan of Correction

Dear Ms. Kellen

Enclosed is the required "Plan of Correction" regarding the Complaint Survey which was conducted December 11th, 2019 at Reed 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 481-67.2 Program policies and procedures

- RDSCS re-educated the CSM and ED on the requirements of notifying a tenant's legal guardian after all incidents and accidents. This was completed on December 12th, 2019
- Tenant #1 moved out of the community in December 2019.
- The Executive Director and/or designee will audit incident reports weekly for one month, then monthly for one quarter. Continued monitoring will be ongoing.
- The community leadership team held an all staff meeting on December 17th, 2019 to review the policies and procedures related to incidents and accidents.

Sincerely,

 RN

Josie Bomar

Care Services Manager/Reed Place

✓ 1/24/20