

DEPARTMENT OF INSPECTIONS AND APPEALS

OK
1/29/2020

PRINTED: 12/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/22/2019
NAME OF PROVIDER OR SUPPLIER CALVIN COMMUNITY MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 4210 HICKMAN ROAD DES MOINES, IA 50310		
(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 17 TOTAL Census of Assisted Living Program for People with Dementia: 18 The following regulatory insufficiency was cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached POC 11/2/2020		
A 032	481-69.21(2) Occupancy Agreement 481-69.21(231C) Occupancy agreement. 69.21(2) In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments: a. The telephone number for filing a complaint with the department. b. The telephone number for the office of long-term care ombudsman. c. The telephone number for reporting dependent adult abuse. d. A copy of the program 's statement on tenants ' rights. e. A statement that the tenant landlord law applies to assisted living programs. f. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes	A 032			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

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A 032	Continued From page 1 voluntary decertification, except in cases of emergency. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the Occupancy Agreement (OA) included all of the required information within the agreement or in supporting documents/attachments. This potentially affected 18 of 18 tenants (Tenants #1-#18). Finding follows: Record review on 10/22/19 at 3:30 p.m. revealed the Program's Occupancy Agreement (OA) did not include all criteria for admission/retention of tenants. When interviewed on 10/22/19 at 3:45 p.m. the Administrative team confirmed OAs did not included the required information.	A 032		

December 12, 2019

Department of Inspections and Appeals
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Kellen:

On behalf of the Calvin Community Assisted Living in Des Moines, I respectfully submit our Plan of Correction for your approval. Our response is specific the compliance visit on October 21 and 22, 2019. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Occupancy Agreement

Elements detailing how the Program will correct each regulatory insufficiency.

- The tenant occupancy agreement has been amended and does include language as required by regulation.
- All tenants will be given a 30 day notice of the new occupancy agreement. This occupancy agreement will be signed and dated by the tenant and/or legal representative and the program.
- The new occupancy agreement will be utilized with future move ins.

What measures will be taken to ensure the program does not recur.

- Staff responsible for initiating occupancy agreement with move ins will be educated on the updated occupancy agreement.

How the Program plans to monitor performance to ensure compliance.

- The occupancy agreement will be updated with any regulatory changes.
- The Memory Care Coordinator or designee will review occupancy agreement template annually to ensure it meets current regulatory requirements.

The date by which the regulatory insufficiency will be corrected.

The plan of correction will be completed on or before January 2, 2020.

If you have questions, please contact me at 515-633-3094.

Sincerely,
Jessica Iverson, RN, CDP
Memory Care Coordinator

OK
1/24/2020

✓
2/3/20