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
	S0061	A. BUILDING: _____ B. WING _____	02/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER PLACE AL	415 E PIONEER RD LONE TREE, IA 52755

(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. General Population Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 2 Total Census of Assisted Living Program for People with Dementia: 11 THIS IS AN AMENDED STATEMENT OF DEFICIENCIES The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program:	A 000		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance	A 089	Plan of Correction is attached DD 3/12/20	

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

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A 089	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of 1 of 3 tenants reviewed (Tenants #3). Findings follow: Record review on 2-18-20 of Tenant #3's file revealed a fax dated 2-5-20 sent to the tenant doctor indicating he was weak and unsteady on his feet. Orders were received including for physical therapy (PT). Review of Tenant's #3's most recent service plan dated 9-20-19 was not updated to include unsteadiness and the need for physical therapy. When interviewed on 2-19-20 at approximately 11:15 a.m. the DON revealed current service plans were provided for the tenants listed above.	A 089		

Plan of Correction

Pioneer Park Assisted Living

Complaint Investigation: Feb 17-Feb 18, 2020

Correction Date: 3/4/2020

3/12/20

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions of State and Federal law require it.

A089 Service Plans

Based on records review the program failed to develop service plans that reflected the identified needs of 1 of 3 tenants.

QAPI action plan instituted 3/4/2020.

Service plans will be individualized and will reflect tenant's identified needs and preferences for assistance. **Ongoing**

2/20/20 All current clinical records were reviewed to ensure needs and preferences for assistance were included on service plans.

2/18/20 Therapy services were added to tenant #3 ISP as this is a service being provided.

Audits of service plans will be completed periodically and on orientation. **Ongoing**

3/11/20