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
	S0301	A. BUILDING: _____ B. WING _____	01/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISI VILLAGE ASSISTED LIVING	1001 ASSISI DRIVE DUBUQUE, IA 52001

(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: 26 Number of tenants with cognitive disorder: 1 TOTAL census of Assisted Living Program: 27 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted living Program.	A 000	POC 1/29/20	
A 091	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to identify providers on the service plan for 2 of 2 tenants receiving outside services (Tenants #2 and #3). Findings follow: Record review on 1/15/20 revealed Tenant #2 had a service plan dated 10/31/19. According to the service plan, Tenant #2 worked with outpatient speech therapy and physical therapy. A provider was not listed on the service plan.	A 091	On 1-29-2020 [redacted], Assisi Village RN, reviewed all service plans and added the names of all outside service providers to each resident's ISP. (This included tenants #2 and #3 who received services from Select Rehab) ~~Christine~~ also added a section on the ISP that asks if the resident is receiving services from an outside provider. If the answer is yes, a box was added which asks the name of the outside provider. This addition on the ISP will prevent this information from being omitted in the future. The addition of this box will ensure that we monitor which outside companies are providing services which in turn will keep us in compliance of this regulation.	

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

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A 091	Continued From page 1 Tenant #3 had a service plan dated 1/2/2020. The service plan identified Tenant #3 worked with occupational therapy on wheelchair mobility. A provider of this service was not listed on the service plan. The Nurse confirmed these findings on 1/16/20 at 8:30 AM.	A 091		
A 094	481-69.27(1)a Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medication orders are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to address 2 of 2 tenant's medication needs on nurse reviews (Tenants #1, #3). Findings follow: Record review on 1/15/20 revealed Tenant #1's	A 094	On 1/29/2020 [redacted], Assisi RN, added detailed medication information for tenants #1 and #3. For tenant #1 she reviewed his chart and progress notes and documented this on the nurse review. She included on the nurse review that tenant #1 did not have any further medication changes. For tenant #3, [redacted] reviewed the tenant's medication list provided by the tenant because we do not administer	

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A 094	Continued From page 2 nurse review dated 9/25/19. The nurse review identified the program administered Tenant #1's medicine but made no other mention of his medication. Tenant #3 had a nurse review dated 1/2/20. The nurse review did not mention Tenant #3's medication. The Nurse confirmed these findings in an interview on 1/16/20 at 9:05 AM. She reported neither tenant had any medication changes in the 90 days prior, so she thought she did not need to address medication in the review.	A 094	tenant #3's medications. She noted her review on tenant #3's updated nurse review. As a result of these omissions, [redacted] re-educated herself about what needs to be included on each nurse review. She understands that a medication review needs to be conducted at the time of each nurse review and documented even when our program does not administer a tenant's medication. To prevent this ommision in the future, [redacted] updated/redesigned a nurse review/ assessment Excel spreadsheet that she utilizes to ensure that all assessments and nurse reviews are completed on time. On this spreadsheet she added two extra boxes. One asks if she has completed the health assessment. The second asks if the tenant has any changes in medication. If the answer is yes, she notes the change on the review. If no, she documents that there are no medication updates at this time.	