STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP083	A. BUILDING _____ B. WING _____	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE COURT	1499 OFFICE PARK RD WEST DES MOINES, IA 50265

(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: 22 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 22 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. The following regulatory insufficiencies were cietd as a result.	A 000	See attached POC 1/29/20	
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This Requirement is not met as evidenced by:	A 037		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 037	Continued From Page 1 Based on interview and record review the Program failed to consistently ensure evaluations were completed with significant change. This affected 1 of 2 tenants (Tenant#1) reviewed. Finding follows: Record review on 1/29/20 revealed Tenant #1 was admitted to the hospital on 8/5/19 for a complicated urinary tract infection (UTI). Further record review revealed an entry in Tenant #1's Progress Notes on 8/28/19 stated; Tenant #1 returned from skilled. Vitals and weight were taken. Medication Administration Record (MAR) was updated. Tenant #1's service plan updated. Evaluations completed at this time could not be located. When interviewed on 1/29/20 at 1:15 p.m. the Registered Nurse confirmed he failed to complete functional, cognitive and health evaluations prior to Tenant #1's significant change.	A 037		

OK

A037– Evaluation of Tenant

Accept this as Heritage Court Assisted Living's credible allegation of compliance.

The Director of Assisted Living was educated by the Administrator on the necessity of completing a significant change evaluation on any tenant.

The Administrator and/or designee will monitor for compliance and the results will be brought to the Quality Assurance team at least quarterly for review.

Date of compliance: 01/29/2020