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
	S0144	A. BUILDING: _____ B. WING _____	C 09/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGOURNEY AL	810 SOUTH STONE STREET SIGOURNEY, IA 52591

(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: 7 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 7 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 9/2/2020. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	✓ 11/17/20	
A 059	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure two of eight newly hired	A 059	Plan of Correction is attached	

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A 059	Continued From page 1 staff received training from the program's registered nurse within 30 days of beginning employment (Staff F and Staff H). Findings follow: Record review on 9/2/20 revealed Staff F was hired on 1/7/20. Staff F had no training documents from the program in her personnel file. Record review for Staff H revealed she was hired on 4/17/20. There were no training documents from the program in her personnel file. The Administrator and Assistant Director of Nursing/MDS Coordinator confirmed these findings on 9/2/20 at 5:40 PM. The program is located in a building with a long term care facility. Staff F and Staff H did have training from the long term care facility in their personnel files, but no nurse delegations for the Assisted Living program.	A 059		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.	A 083		

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A 083	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the program failed to develop service plans based on specific needs for 2 of 2 tenants reviewed (Tenants #1, #2). Findings follow: 1) Record review on 9/2/20 revealed Tenant #1 had a Health/Functional Assessment dated 6/24/2020 which identified she used a walker with wheels. A Nurse review written the same date identified staff provided assistance to Tenant #1 with medication set up. Observation of Tenant #1 on 9/2/20 at a group meeting at 12:30 PM showed her using a walker. Tenant #1's Service Plan noted she was independent in the facility without an assistive device. It also identified she self administered and stored her own medications. An entrance form completed by the Administrator on 9/2/20 identified no tenant self administered their medication. 2) Tenant #2 had a Health/Functional Assessment dated 6/24/20 which identified she used a walker. A nurse review dated 6/24/2020 identified Tenant #2 received set up assistance with medication which she administered herself. Tenant #2 walked to a group meeting on 9/2/20 utilizing a walker. Tenant #2's Service Plan identified she was independent in the facility without an assistive device. The Service Plan noted Tenant #2 self administered and stored medication herself but did not identify staff set up her pills in a weekly planner. The Service Plan identified she was independent with bathing.	A 083		

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A 083	Continued From page 3 Staff A was interviewed on 9/2/20 at 10:50 and reported Tenant #2 was the only tenant who received assistance with bathing due to unsteadiness. On 9/2/20 at 11:45, Staff B reported Tenant #2 received occasional assistance with showering. The Administrator and Assistant Director of Nursing/MDS Coordinator confirmed these findings on 9/2/20 at 5:40 PM.	A 083		

Plan of Correction for Sigourney Assisted Living-Provider #S0144

11/17/20

Date of Investigation: 9.2.2020

Plan and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of deficiencies. The plan of correction is prepared and executed solely because it is required in accordance with State and Federal Law.

A-059 Staffing

The program's registered nurse shall ensure certified and non-certified staff are competent to meet the individual needs of the tenants. Nursing delegation shall, at a minimum, include the following: Within 30 days of employment all program staff shall receive training by the program's registered nurse (s).

- Staff F and H have been trained and signed the required delegations.
- All certified and non-certified have completed their required training and signed delegations.
- All Certified and non-certified staff will receive training by the program RN and sign delegations within 30 days of new hire.
- Completion of the required training and signed delegations will be audited by the Facility Administrator and Human Resources Director

Compliance Date: 11.27.2020

A-083 Service Plans

The facility develops service plans for each tenant based on the evaluations conducted in accordance with the sub rules 69.22 (1) and 69.22(2) and are designed to meet the specific service needs of the individual tenant. The service plan is updated annually and whenever changes are needed.

- The service plans for Tenants #1 and #2 were reviewed and revised to reflect each residents' current baseline level of function/care.
- The service plans of all tenants were reviewed and revised to reflect current baseline level of function/care
- All tenants will receive an accurate service plan, based on assessments at time of admission and reviewed annually and with changes to condition/care.

11/17/20

- The Facility Administrator and DON/Designee will audit Service Plans monthly to ensure that they are current and comprehensive.

Compliance Date: 11.27.2020

Respectfully Submitted,

Sarah Dietze, LNHA