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
	S0056	A. BUILDING: _____ B. WING _____	C 07/28/2020

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 There were no regulatory insufficiencies cited during the onsite infection control survey completed 7-27-2020. The following regulatory insufficiencies were cited during the investigation of Complaint #89462-C.	A 000		
A 096	481-69.27(1)c 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 or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	A 096	1/8/21 Plan of Correction is attached DD	

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

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A 096	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to assess and document the health status of tenants every 90 days as required for 1 of 3 tenants reviewed (Tenant #1). Findings follow: On 7-28-2020 a review of Tenant #1's file revealed a Cognitive, Health and Functional Evaluation Tool completed 5-24-19. The evaluation revealed she required assistance with ambulation, bathing, dressing, medications, and eating due to choking problems. The resident discharged from the facility in January 2020. Review of Progress Notes revealed a 90 day review completed on 8-21-19. No further nurse reviews could be located. On 7-28-2020 at 2:29 p.m. the Administrator confirmed this finding.	A 096		

A096- Nurse Review

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

The Director of Assisted Living or designee is responsible for reviewing the tenant's personal or health-related care and update the service plan for any significant changes in condition or at least every 90 days.

The Director of Assisted Living has created a tenant assessment monitoring tool to ensure compliance.

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: 07/28/2020

1/8/21

1/31/20