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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
	S0133	A. BUILDING: _____ B. WING _____	04/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AASE HAUGEN ASSISTED LIVING	8 OHIO STREET DECORAH, IA 52101

(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 impairment: 18 Number of tenants with cognitive impairment: 0 Total census: 18 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program. 231C.5 Written occupancy agreement required. 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant ' s legal representative, prior to the tenant ' s occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant ' s legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. Based on interview and record reviews, the	A 000	correction date: 8/8/2023 See Attached POC 8/8/23	

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

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A 000	Continued From page 1 Program failed to ensure a written occupancy agreement was completed prior to the admission of 2 out of 2 tenants reviewed (Tenant #1, Tenant #2) Findings include: 1. On 4/6/23, a review of Tenant #1's record revealed an admission date of 7/15/22. An occupancy agreement was on file for Tenant #1 and it was signed by Tenant #1, Tenant #1's representative, and the Executive Director on 8/1/22. The occupancy agreement was signed 17 days after Tenant #1's admission to the Program. 2. On 4/6/23, a review of Tenant #2's record revealed an admission date of 9/28/22. An occupancy agreement was on file for Tenant #2 and it was signed by Tenant #2, Tenant #2's representative, and the Executive Director on 9/30/22. The occupancy agreement was signed 2 days after Tenant #1's admission to the Program. 3. On 4/10/23 at 9:35 am, the Registered Nurse (RN) confirmed the above findings.	A 000		
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to	A 135		

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A 135	Continued From page 2 the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to complete a health and functional evaluation prior to occupancy for 1 out 2 tenants reviewed (Tenant #2) Findings include: 1. On 4/6/23, a review of Tenant #2's record revealed an admission date of 9/28/22. Tenant #2 had an initial cognitive evaluation completed on 9/13/22. Tenant #2's initial functional and health evaluations were not completed until 10/10/22. Tenant #2's initial evaluations were completed after admission to the Program. 2. On 4/10/23 at 9:35 am, the Registered Nurse (RN) confirmed the above finding.	A 135		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to complete a health and functional evaluation within 30 days of occupancy	A 140		

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A 140	Continued From page 3 for 1 out 2 tenants reviewed (Tenant #1) Findings include: 1. On 4/6/23, a review of Tenant #1's record revealed an admission date of 7/15/22. Tenant #1 had a 30 day cognitive evaluation completed on 8/14/22. Tenant #1's 30 day health and functional evaluations were not completed until 1/20/23. Tenant #1's 30 day evaluations were completed after the 30 day timeline. 2. On 4/10/23 at 9:35 am, the Registered Nurse (RN) confirmed the above finding.	A 140		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to implement an initial service plan prior to the signing of the occupancy agreement for 1 out of 2 tenants reviewed (Tenant #2) and failed to have all persons who developed the plan sign the plan for 2 out of 2 tenants reviewed (Tenant #1, Tenant #2) Findings include:	A 355		

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A 355	Continued From page 4 1. On 4/6/23, a review of Tenant #2's record revealed an admission date of 9/28/22. An occupancy agreement was on file for Tenant #2 and it was signed by Tenant #2, Tenant #2's representative, and the Executive Director on 9/30/22. Tenant #2's record revealed an initial service plan implemented on 10/10/22. Tenant #2's initial service plan was implemented after the occupancy was signed. The initial service plan lacked the signatures of persons involved in the development of the plan. 2. On 4/6/23, a review of Tenant #1's record revealed an admission date of 7/15/22. Tenant #1's record revealed an initial service plan implemented on 7/15/22. The initial service plan lacked the signatures of persons involved in the development of the plan. 3. On 4/10/23 at 9:35 am, the Registered Nurse (RN) confirmed the above findings.	A 355		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to update the service plan within 30 days of occupancy for 1 out of 2 tenants reviewed (Tenant #1) Findings include:	A 360		

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A 360	Continued From page 5 1. On 4/6/23, a review of Tenant #1's record revealed an admission date of 7/15/22. Tenant #1's record revealed an initial service plan implemented on 7/15/22. Tenant #1's record lacked any update of the initial service plan within 30 days of occupancy. 2. On 4/10/23 at 9:35 am, the Registered Nurse (RN) confirmed the above findings.	A 360		
A 395	481-69.26(4)a 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 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to include all identified needs within the service plan for 1 out of 2 tenants reviewed (Tenant #1) Findings include: 1. On 4/6/23, a review of Tenant #1's record revealed an admission date of 7/15/22. Tenant #1's record revealed an initial service plan implemented on 7/15/22. Tenant #1's record revealed a physician's order dated 12/10/22. The physician's order indicated Tenant #1 was diagnosed with a urinary tract infection (UTI) and was prescribed trimethoprim-sulfamethoxazole 160-800 mg, one tablet to be taken twice a day for 7 days. A second physician's order dated 3/7/23 revealed Tenant #1 was tested for a UTI which resulted in negative findings. The facility	A 395		

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A 395	Continued From page 6 staff indicated on the form that Tenant #1 had a history of UTI's. The initial service plan dated 7/15/22 revealed no history of UTI's. 2. On 4/10/23 at 9:35 am, the Registered Nurse (RN) confirmed the above findings.	A 395		
A 420	481-69.27(1)a Nurse Review 69.27(1) 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: 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 medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to monitor 1 out 2 tenants reviewed at least every 90 days by completing a nurse review (Tenant #1) Findings include: 1. On 4/6/23, a review of Tenant #1's record revealed an admission date of 7/15/22. Tenant #1's record revealed an initial service plan implemented on 7/15/22 and required assistance with bathing, toileting, and medication administration. Although no 30 day service plan	A 420		

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A 420	Continued From page 7 was completed, a 30 day cognitive evaluation was completed on 8/14/22. Tenant #1 requied a nurse review during the months of November 2022 and February of 2023. No nurse reviews could be located. 2. On 4/10/23 at 9:35 am, the Registered Nurse (RN) confirmed the above findings.	A 420		

Plan of Correction

Aase Haugen

Survey: Ending April 10th, 2023

Correction Date: 8/8/2023

The preparation of the following plan of correction for this insufficiency 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 insufficiencies. The plan of correction prepared for these insufficiencies were executed solely because provisions of State and Federal law require it.

(1. What did you do to fix it for that tenant?
(2. What did you do to fix it for all tenant?
(3. Education/Policy update/QAPI action plan
(4. Audits
(5. QAPI

A000 Initial Comments

All future tenants will sign an Occupancy Agreement prior to admission after agreeing to the service plan.

Met with Nurse Consultant on 8/8/2023 to assist with development of Assisted Living Tenant Workflow.

The appropriate Assisted Living staff will be re-educated on the Assisted Living Tenant Workflow.

A135 Evaluation of Tenant

All future assessments will be locked prior to the tenant move in.

Re-educated the AL Registered Nurse on 8/8/2023 on locking assessments prior to tenant move in.

A140 Evaluation of Tenant

All future tenants will receive a 30-day assessment within 30 days of initial move in date.

Re-educated AL Registered Nurse on 8/8/2023 on locking assessments correlating to the assessment due date.

Audited all ALF Program Tenants for correct assessment dates.

The date by which the regulatory insufficiency will be corrected on 8/8/23.

A355 Service Plans

All future service plans will be signed prior to the occupancy agreement being signed.

The appropriate Assisted Living staff will be re-educated on the Assisted Living Tenant Workflow.

A360 Service Plans

AL Registered Nurse re-educated to update service plan in accordance with the 30-day assessment on 8/8/2023.

A395 Service Plans

AL Registered Nurse re-educated to update service plan in accordance with significant change of conditions of tenants on 8/8/2023.

A420 Nurse Review

AL Registered Nurse has been re-educated to complete 90-day reviews of tenants receiving assistance from the program.