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
	S0106	A. BUILDING: _____ B. WING _____	C 10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COBBLE CREEK ASSISTED LIVING	980 OAK STREET SHELDON, IA 51201

(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: 10 Number of tenants with cognitive impairment: 0 Total census: 10 The following regulatory insufficiencies were cited during the investigation of Complaint #101146-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall 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, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by:	A 145		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 145	Continued From page 1 Based on interview and record review the Program failed to consistently complete cognitive evaluations with a change of condition. This affected 1 of 2 closed tenant files (Tenant C1). Finding follows: Record review on 10/5/22 revealed a Nurse's Note dated 11/19/21 for a 90 day review. The nurse noted Tenant C1's decline cognitively. Further review revealed Tenant C1 had been seen at the clinic for vaginal soreness and irritation. During the visit the nurse practitioner recommended Tenant C1 abstain from sexual relations due to questions regarding her cognitive status and ability to consent. Further review revealed a note dated 11/22/21. According to the note Tenant C1 had been seen by her physician on 11/19/21 and the physician recommended Tenant C1 be transferred to a memory care or nursing home. Record review on 10/5/22 revealed Tenant C1's most recent Mini-Mental State Examination (MMSE) dated 2/22/21. When interviewed on 10/5/22 at 10:00 a.m. the Director confirmed the Program failed to complete a cognitive assessment even though the Physician recommended a higher level of care based on cognitive status. The Director added that Tenant C1's family moved her at the end of November.	A 145		