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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
	S0074	A. BUILDING: _____ B. WING _____	01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWTON SENIOR LIVING	200 E CHAR-MAC DR LAWTON, IA 51030

(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 for People with Dementia 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: 8 TOTAL census of Assisted Living Program for People with Dementia: 15 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	See Attached POC 2/21/23	
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed dependent adult abuse training within six months of employment for 1 of 4 staff reviewed (Staff A). Finding follows: Record review on 1/25/23 of personnel records revealed Staff A was hired 12/27/21. No dependent adult abuse training, completed within six months of employment, could be located. On 1/25/23 the Regional Director of Sales and Operations confirmed these findings.	A 380		

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A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete criminal, child and dependent adult abuse background checks prior to employment for 1 of 4 staff reviewed (Staff A). Finding follows: Record review of staff files on 1/25/23 revealed Staff A was hired 12/27/21. A Single Contact License and Background Check was completed 12/28/21. The background check failed to be completed prior to employment. On 1/25/23 the Regional Director of Sales and Operations confirmed these findings.	A 400		
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 435		

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A 435	Continued From page 2 Program failed to request an evaluation for a criminal charge from the Department of Health and Human Services (DHH) prior to employment for 1 of 1 staff reviewed with a criminal history (Staff A). Finding follows: Record review of staff files on 1/25/23 revealed Staff A was hired 12/27/21. A Single Contact License and Background Check was completed 12/28/21 and revealed a criminal charge. No evaluation completed by DHH for the criminal history could be located. On 1/25/23 the Regional Director of Sales and Operations confirmed these findings.	A 435		
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: Based on interview and record review the Program failed to evaluate the functional, cognitive and health status, as needed, for 2 of 2	A 145		

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A 145	Continued From page 3 tenants reviewed with a significant change in health status (Tenant #1 and Tenant #2). Findings follow: Record review of Tenant files on 1/26/23 revealed Tenant #1's Progress Notes dated 11/11/22 revealed a wound on her right heel healed and to discontinue mediplex dressing. No functional, cognitive and health assessments could be located for the change in health status. 2. Record review on 1/26/23 revealed Tenant #2's Progress Notes dated 12/2/22 noted she required increased assistance, was more confused, and weaker. On 12/5/22 a Progress Note documented staff found her unresponsive and her son declined emergency services or hospice involvement. Continued review of Progress Notes revealed her son agreed to a hospice evaluation on 12/6/22. The Program contacted hospice for an emergency referral. No functional, cognitive, and health assessments could be located for the changes in health status. On 1/25/23 the Regional Director of Sales and Operations confirmed these findings.	A 145		
A 350	481-69.26(1) 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 350		

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A 350	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure development of service plans to meet the specific needs of tenants. This affected 2 of 2 tenants reviewed with a significant change in health status (Tenant #1 and Tenant #2). Findings follow: Record review of Tenant files on 1/26/23 revealed Tenant #1's Progress Notes dated 11/11/22, revealed a wound on her right heel healed and to discontinue mediplex dressing. The Program failed to complete functional, cognitive and health assessments when the tenant experienced a change in condition. Additionally, the tenant's service plan failed to address the wound and the tenant's specific needs. 2. Record review on 1/26/23 revealed Tenant #2's Progress Notes dated 12/2/22, noted she required increased assistance, was more confused, and weaker. On 12/5/22 a Progress Note documented staff found her unresponsive and her son declined emergency services or hospice involvement. Continued review of Progress Notes revealed her son agreed to a hospice evaluation on 12/6/22. The Program contacted hospice for an emergency referral. The Program failed to complete functional, cognitive and health assessments following the tenant's change in condition. Additionally, the tenant's service plan failed to address hospice services for Tenant #2 and the tenant's specific needs. On 1/25/23 the Regional Director of Sales and	A 350		

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A 350	Continued From page 5 Operations confirmed these findings.	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: Lawton Senior Living	DATE SURVEY COMPLETED: 1/26/2023

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1 A380	**Regulation and Reg Number** Initial Background Checks	Tag # A380	What initial correction was made? Employee TL was suspended on 1/25/2023. Background check completed on 1/25/2023-Pending. Received response from Department of human services that TL MAY WORK on 1/30/2023 An audit of all employee files will be completed by: 2/20/2023	How will we ensure and maintain compliance going forward? Orientation Checklist will be used for new hires. Monthly audit of new hire employee files to assure compliance.	Implementation Date: 1/25/2023 Completion Date: 1/30/2023 Responsible Party: Director or Designee
Tag #2 A400	**Regulation and Reg Number** Evaluation of Record Check-Okayed to work	Tag # A400	What initial correction was made? TL was suspended on 1/25/23. Background check resent and Received response from Iowa Department of Human Services that TL MAY WORK on 1/30/2023.	How will we ensure and maintain compliance going forward Complete background Checks will be completed prior to hire Orientation Checklist will be used for new hires. Monthly audit of new hire employee files to ensure compliance	Implementation Date: 1/25/2023 Completion Date: 1/30/2023 Responsible Party: Director or Designee
Tag #3 A435	**Regulation and Reg Number** Dependent Adult Abuse Training	Tag # A435	What initial correction was made? Employee TL completed her Dependent Adult Abuse Training on 1/30/2023.	How will we ensure and maintain compliance going forward. Will be completed prior to training on the floor. Orientation Checklist will be used for new hires.	Implementation Date: 1/25/2023 Completion Date: 1/30/2023 Responsible Party: Director or Designee

Tag #4 A145	**Regulation and Reg Number** Service Plans	Tag # A145	What initial correction was made? Service Plan signatures obtained on 2/21/2023	How will we ensure and maintain compliance going forward. Will complete Service plans on or before due date. Audit checklist	Implementation Date: 1-30-23 Completion Date: 2/21/2023 Ongoing Responsible Party: Director or Designee
Tag #5 A350	**Regulation and Reg Number** Evaluations	Tag # A350	What initial correction was made? COC assessment completed on 2/21/2023.	How will we ensure compliance going forward. COC list will be updated for proper needs of COC's. Audit Checklist	Implementation Date: 1-30-23 Completion Date: 2-21-2023 Ongoing Responsible Party: Director or Designee

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

CKrause RN 3/20/2023

Jami Tulbert 3-20-2023