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
	S0111	A. BUILDING: _____ B. WING _____	C 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWN DEER PLACE	**1500 1ST AVE N CORALVILLE, IA 52241**

(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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 3 Number of tenants with cognitive impairment: 13 Total census: 16 The following regulatory insufficiency was cited during the investigation of Complaint #123059-C	A 000		
A 390	481-69.26(3)e 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. e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure the service plan was signed and dated for 1 of 4 tenants reviewed (Tenant 2). Findings include: Record review on 10/7/24 revealed Tenant 2 was admitted to the program on 8/14/23. The program provided an electronic version of Tenant 2's service plan with an effective date of 9/27/24. The service plan was unsigned and undated by the program representatives, the tenant or the tenant's legal representatives.	A 390	The Plan of Correction is attached	

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

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A 390	Continued From page 1 On 10/9/24 at 10:30 am the Executive Director confirmed that no signed/dated service plans could be located for Tenant 2 since admission.	A 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0111	DATE SURVEY COMPLETED: **10/9/2024**

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	**Regulation and Reg Number** 481-69.26(3)e 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. e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually. This REQUIREMENT is not met as evidenced by: A 390 Based on interview and record review, the program failed to ensure the service plan was signed and dated for 1 of 4 tenants reviewed (Tenant 2).	**Tag # A390**	**What initial correction was made?** Tenant 2's Service Plan was signed by all parties and uploaded into EHR on 11/7/24. An audit of all current memory care resident's charts was completed on 11/06/2024 to check for signed service plans. All memory care residents will have current, signed service plans signed and uploaded to their EHR by 12/10/2024.	**How will we ensure and maintain compliance going forward?** New HCC will be trained on service plan expectations within 30 days of hire. Director or Designee will complete audits to ensure service plan signature compliance weekly, monthly, as needed, as determined by the Director or Designee.	**Implementation Date: 11/4/24** **Completion Date:** ongoing **Responsible Party: Director and/or designee**

Compliance Date: 12/10/2024

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.

ok 2/14/24