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 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE ACRES ASSISTED LIVING	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 impairment: 22 Number of tenants with cognitive impairment: 0 Total census: 22 The following regulatory insufficieny was cited during the investigation of Complaint #108248-C.	A 000		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to update service plans as needed for 1 of 5 tenants reviewed (Tenant #1). Findings include: Review of Tenant #1's Progress Notes revealed the following: 7/18/22 - while the tenants were playing darts at 3:30 p.m. Tenant #1 walked passed Tenant #2 and touched her butt. Tenant #2 stated "don't do that, you know better" and smacked his hand. 7/10/22 - Tenant #1 stood in his doorway and as	A 350	The Plan of Correction is attached	

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A 350	Continued From page 1	A 350		

Tenant #2 walked past she waved to him. Tenant #1 said "why don't you come give me a big kiss." Tenant #2 said "No, I won't let that happen" as she kept walking.

7/5/22 - Tenant #1 followed Tenant #2 to her room. Staff redirected Tenant #1 and explained to him why he couldn't visit with Tenant #2 in her room alone.

5/9/22 - Tenant #1 approached nurse's station to use employee bathroom. When redirected to his room Tenant #1 said he would go back to use his bathroom if the nurse would give him a hug. The nurse told Tenant #1 no and he said he would anything for a hug. As the nurse walked away Tenant #1 whistled at her.

1/3/22 - New staff informed management team that Tenant #1 had been inappropriate with her. Tenant #1 asked her to come to his bedroom where he grabbed her butt and held her by the arm and attempted to grab her chest and she had to pull away from him to get free.

12/11/21 - Staff redirected Tenant #1 from Tenant #2's room twice today. Both times Tenant #1 became aggravated and expressed obscenities.

A review of Tenant #1's service plan dated 2/9/22 revealed a goal to demonstrate effective coping skills due to verbal aggression towards tenants and staff. The plan contained no goal or interventions regarding the tenant's inappropriate sexual behaviors.

When interviewed on 10/11/22 at 10:30 a.m. the the Administrator explained the program had attempted to address Tenant #1's behaviors through a variety of interventions but admitted the service plan did not include interventions specific to Tenant #1's inappropriate sexual behaviors.

Pine Acres Assisted Living

1499 Office Park Road

West Des Moines, Iowa 50265

RE: Plan of Correction for A350 dated 10/12/2022

1. Tenant #1 still resides in Assisted Living. His service plan was updated on 10/13/22
2. All residents have the potential to be affected by deficient practice. All service plans reviewed for accuracy 11/1/22.
3. Director of Assisted Living and lead CNA have been educated on the importance of including all behaviors and interventions.
4. The administrator will review new and revised service plans with the Director of Assisted Living monthly x3 months to ensure they are accurate and complete. Audits will be reviewed during monthly QAPI meeting to assess the need for further audits.
5. Facility will be in substantial compliance 12/6/22.

√ 3/31/23