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 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE COURT 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: 20 Number of tenants with cognitive impairment: 2 Total census:22 No regulatory insufficiciencies were cited durng the investigation of complaint 121969-C. The following regulatory insufficiency was cited during the investigation of complaints 125296-C, 125298-C and incident 125301-I.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to follow policy and procedure for door alarms regarding 1 of 1 tenants reviewed (Tenant #1). Finding follows: Record review on 12/11/24 revealed an incident report dated 12/7/24. The report documented Tenant #1 was returned to the Program via ambulance at approximately 6:50 a.m. The tenant wore a pink hooded sweatshirt, pants, socks and	A 150	This serves as credible allegation of compliance for Heritage Court Assisted Living. We assert that all correctives described in this plan of correction have been implemented. In regard to the specific deficiency, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of actions. The staff at Heritage Court Assisted Living is committed to delivering high quality care to its tenants. We respectfully submit that Heritage Court assisted Living is in substantial compliance as set forth below.	

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A 150	Continued From page 1 slippers. She had a walker with her. No injuries were observed. Further review revealed Tenant #1 had a diagnosis of cerebral infarction, unspecified, was 89 years old and received assistance with activities of daily living. She had no history of wandering or leaving the building. Further review revealed a Heritage Court Assisted Living Self Report Investigation Report dated 12/7/24. The report documented Tenant #1 had been found by staff reporting to work. The staff person responsible for tenants at the time (Staff A) had turned off the door alarm at the main entrance at 4:45 a.m. for oncoming daytime staff. At 5:15 a.m. staff observed Tenant #1 in the activity room. At 6:01 a.m. the dietary aide on her way to work observed Tenant #1, asked her to get her car, but felt unsure if she lived at the Program so she called the police. Police and Emergency Medical Services (EMS) arrived at 6:15 a.m. EMS placed the tenant in an ambulance to be looked over. She refused to be examined, but they were able to obtain vitals with no concerns indicating the tenant's health was stable and there were no immediate health issues. EMS returned Tenant #1 to the Program. When interviewed on 12/10/24 at 10:38 a.m. the police officer who responded to the call regarding Tenant #1 said he noted she had a call button around her neck and assumed she came from Heritage Court as it was close by. When interviewed on 12/10/24 at 4:30 p.m. the EMS staff said she responded to a report of an elderly person on Office Park Road. She said she evaluated the tenant and per the power of attorney's instructions returned her to the Program. The EMS worker said the tenant appeared alert to self but could not answer any	A 150	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. The facility was in substantial compliance on 2/19/2025. Action Plan A 150 - Develop Program Policies and Procedures regarding Door Alarms and Staff Response Corrective Action Staff A was educated on the new policy for the alarms along with all other staff members. Systemic Change to Prevent Future Occurrence Policy regarding door alarms to ensure tenant safety has been updated. Since Heritage Court Assisted Living in not a Dementia Specific Facility, the verbiage in the policy was changed from Alarms are activated on all exit doors except the main entrance door which is not activated between 6am and 10pm to; Alarms are activated on all exit doors except the main entrance door.	

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A 150	Continued From page 2 questions. Observations on 12/23/24 revealed the distance from the Program to point of discovery as .3 miles and the speed limit was 25 miles per hours (MPH) on the presumed route. According to wunderground.com the temperature at 6:00 am on 12/7/24 was 42 degrees with windspeeds of 6 miles per hour. Record review on 12/16/24 revealed the Program's Door Alarms and Staff Response policy revised 11/2024. The policy said assisted living emergency fire exit doors and the main entrance door had audible alarms activated at all times with the exception of the main entrance. The main entrance door alarm could be disarmed between 6:00 a.m. and 10:00 p.m. The policy directed staff to respond to all exit doors that alarmed to determine why it sounded. The door alarm should not be cancelled/reset until reason for sounding had been determined or all tenants accounted for. When interviewed on 12/23/24 at 8:15 a.m. Staff A admitted she failed to follow the door alarm policy when she turned off the alarm prior to 6:00 a.m. When interviewed on 12/12/24 at 2:45 p.m. the Director of Assisted Living said Staff A admitted turned she off the alarm prior to 6:00 a.m. on 12/7/24. Record review on 12/7/24 revealed Staff A received training on door alarms. On 12/23/24 she acknowledged the above findings.	A 150	Monitoring The Administrator, HR Director, or Program Director will audit all new staff members to ensure they have been educated on this policy to ensure compliance. All alarmed doors are checked daily to ensure correct operation. Compliance Date: 2/25/25	