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
	S0160	A. BUILDING: _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER POND ASSISTED LIVING	1400 6TH AVE N. WELLMAN, IA 52356

(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: 8 Number of tenants with cognitive impairment: 0 Total census: 8 No regulatory insufficiencies were cited during the investigation of Complaint #117747-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000		
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool.	A 135		

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

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A 135	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete a health evaluation prior to occupancy for 1 of 2 tenants reviewed who moved to the program in approximately the past year (Tenant #2). Finding follows: On 6/25/24 review of Tenant #2's record revealed an occupancy date of 6/01/23, with the Occupancy Agreement signed 5/25/23. The record contained a "Subsequent Health/Functional Assessment" dated 4/27/23, with no signature. The section of the form for diagnosis and current health information was blank. The only health information on the form noted good vision, good hearing and ability to sleep at night. No additional health assessment could be located in Tenant #2's chart prior to occupancy. On 6/25/24 at 2:15 p.m. the former Assisted Living Director (current Business Development Liaison) confirmed the lack of health assessment for Tenant #2 prior to occupancy.	A 135		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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. This REQUIREMENT is not met as evidenced	A 140		

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A 140	Continued From page 2 by: Based on interview and record review, the program failed to complete a health evaluation within 30 days of occupancy for 1 of 2 tenants reviewed who moved to the program in approximately the past year (Tenant #2). Finding follows On 6/25/24 review of Tenant #2's record revealed an occupancy date of 6/01/23. The record contained a "Subsequent Health/Functional Assessment" dated 4/27/23, with no signature. Tenant #2's initial service plan, dated 4/27/23, indicated the program staff would administer her medication. An additional undated and unsigned health/function assessment form was located in the record, with the section for health information left blank. No additional health assessment could be located in Tenant #2's chart within 30 days of occupancy. On 6/25/24 at 2:15 p.m. the former Assisted Living Director (current Business Development Liaison) said the undated and unsigned health/functional assessment form was likely the 30 day assessment. She verified no health assessment was completed within 30 days of occupancy.	A 140		
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	A 145		

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A 145	Continued From page 3	A 145		

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 complete evaluations for 1 of 1 tenant reviewed who had a significant change in condition (Tenant #1). Finding follows:

Observation on 6/24/24 at approximately 4:20 p.m. revealed Tenant #1 wore an oxygen nasal cannula. He indicated he used supplemental oxygen full time.

On 6/25/24 record review revealed Tenant #1 was hospitalized on 1/30/24 after going to the emergency room for symptoms of coughing and shortness of breath. A progress note dated 2/01/24 indicated Tenant #1's sister informed the program Tenant #1 was being discharged back to the program, with a new order for 2 liters of oxygen per nasal cannula at all times. The next progress note with any reference to Tenant #1's oxygen was on 2/20/24, which indicated he demonstrated good use of his oxygen. No evaluations for functional, health or cognitive status for February could be located in Tenant#1's record.

On 6/25/24 the Assisted Living Director verified

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A 145	Continued From page 4 the program failed to complete evaluations after Tenant #1 returned from the hospital in early February on full-time oxygen, which was a significant change.	A 145		
A 360	481-69.26(3) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to update the service plan for 1 of 1 tenant reviewed who had a significant change in condition (Tenant #1). Finding follows: Observation on 6/24/24 at approximately 4:20 p.m. revealed Tenant #1 wore an oxygen nasal cannula. He indicated he used supplemental oxygen full time. On 6/25/24 record review revealed Tenant #1 was hospitalized on 1/30/24 after going to the emergency room for symptoms of coughing and shortness of breath. A progress note dated 2/01/24 indicated Tenant #1's sister informed the program Tenant #1 was being discharged back to the program, with a new order for 2 liters of oxygen per nasal cannula at all times. The most recent service plan in Tenant #1's	A 360		

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A 360	Continued From page 5 record was dated 12/09/23 and provided no information regarding oxygen use. On 6/25/24 the Assisted Living Director verified the program failed to update Tenant #1's service plan after he returned from the hospital in early February on full-time oxygen, which was a significant change.	A 360		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to complete a nursing assessment/review for 1 of 1 tenant reviewed who had a significant change in his condition (Tenant #1). Finding follows: Observation on 6/24/24 at approximately 4:20 p.m. revealed Tenant #1 wore an oxygen nasal cannula. He indicated he used supplemental oxygen full time. On 6/25/24 record review revealed Tenant #1 was	A 430		

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A 430	Continued From page 6 hospitalized on 1/30/24 after going to the emergency room for symptoms of coughing and shortness of breath. A progress note dated 2/01/24 indicated Tenant #1's sister informed the program Tenant #1 was being discharged back to the program, with a new order for 2 liters of oxygen per nasal cannula at all times. The next progress note with any reference to Tenant #1's oxygen was on 2/20/24, which indicated he demonstrated good use of his oxygen. No nursing assessment/review could be located in the progress notes regarding Tenant #1 returning from the hospital with full-time use of oxygen. Review of the nurse review forms revealed 90-day reviews completed 12/19/23 and 4/01/24. The nurse review dated 4/01/24 provided a brief overview of his health status and noted a recent hospitalization, but made no reference to the use of oxygen. No additional nurse reviews could be located for the past six months. On 6/25/24 the Assisted Living Director verified the program failed to complete a nursing assessment/review when Tenant #1 return from a hospitalization in early February on full time oxygen, which was a significant change in his condition.	A 430		