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 01/30/2025

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: 7 Number of tenants with cognitive impairment: 0 Total census: 7 The following regulatory insufficiency was cited during the investigation into Complaint #123416-C.	A 000	The Plan of Correction is attached	
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 complete evaluations upon a significant change in condition for 1 of 2	A 145		

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A 145	Continued From page 1 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 1/29/25 revealed a progress note for Tenant C1 from 6/26/24 indicating he self-administered all medications. A progress note dated 8/27/24 indicated the tenant requested to speak with the former Assisted Living Manager (ALM) and was tearful, feeling worried and reported he stopped taking his medication. The former ALM educated Tenant C1 on the importance of not abruptly stopping medications. She told him staff would need to begin administering his medication and he was in agreement. Tenant C1's service plan was updated to reflect the change in medication administration. Tenant C1's service plan was updated 8/27/24 to reflect staff would administer all medication with the exception of gas relief medication. The program failed to evaluate Tenant C1's functional, cognitive and health status prior to updating his service plan on 8/27/24 to determine his continued eligibility for the program and any changes to services needed. The (current) Assisted Living Manager confirmed these findings on 1/30/25 at 8:50 AM.	A 145		

Plan of Correction

Siler Ponds Assisted Living

Survey: January 28, 2025-Janaury 30 2025

Correction Date: March 7th,

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions of State and Federal law require it.

1) Immediate Fix

2) Potential Residents Affected

3) System Changes

4) Monitoring/QAPI

5) Date Of Compliance

A 145 Evaluation of Tenant

1) Tenant C1 #3 discharged from the facility on 09/02/2024.
2) Administrator/Designee completed an audit of current service plans starting on 01/31/2025. Any negative findings were corrected immediately.
3) Starting on January 31, 2025, the Administrator/Designee provided in-service training, to all Assisted Living Staff, on recognizing and responding to changes in condition. The education covered evaluations conducted by a healthcare professional, a human services professional, or a licensed practical nurse through nurse delegation when necessary.
4) The Administrator/Designee will monitor each tenant's functional, cognitive, and health status as needed, particularly during significant changes, but at least annually. This monitoring will help determine any necessary changes to services. Any negative findings will be addressed immediately with appropriate education or re-education. These findings will also be reviewed during the QAPI meeting.
5) Date of Compliance: ***March 7th, 2025***