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
	S0090	A. BUILDING: _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(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 disorder: 0 Number of tenants with cognitive disorder: 16 Total census: 16 There were no regulatory insufficiencies cited during the investigation into Complaint #110711-C or Complaint #109212-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia and Complaint #109224-C.	A 000	On behalf of Promise House Hiawatha, I respectfully submit our Plan of Correction for your approval. This response is specific to the report for the onsite visit between August 15-17, 2023. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusion set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the program failed to ensure tenants' needs were met at mealtimes by providing a means of cutting food items. This potentially affected all tenants. Findings follow:	A 160	1. Elements detailing how the program will correct each regulatory insufficiency, including at the system level. Tenants will be provided all silverware (fork, spoon, knife) unless otherwise indicated in their service plan. Staff will assist Tenants as needed and will evaluate if requests/observations of assistance are routine and need to be included in the Tenant's service plan. 2. Measures taken to ensure the problem does not recur. Staff will be educated on expectations for Tenant assistance witih dining services. 3. How the program plans to monitor performance to ensure compliance. The Administrator and/ or designee will monitor for compliance at least quarterly.	11/2/2023

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	10/10/2023

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A 160	Continued From page 1 Observation of the serving of lunch at 11:30 AM on 8/15/23 revealed tenants were served hamburger steak, mashed potatoes and peas. Only one tenant received a knife. Other tenants had to cut up their steak with their spoons or forks. They seemed to struggle with this and no staff were present to help. The Registered Nurse (RN) reported staff should be available to cut up tenants' food if they needed assistance. On 8/16/23 at 11:40 AM, tenants had been served brats in buns and pea salad. They had forks and spoons. Many tenants pulled their brats out of their buns and attempted to cut their brats with spoons or forks. No tenants had their brats cut up at that time. After approximatley 4 minutes, staff began assisting tenants after being propmted. On 8/17/23 at 12:15 PM the RN confirmed tenants should have their food cut up or a means of cutting up their food when it is served.	A 160		
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 the service plan of 1 of 5	A 350	1. Elements detailing how the program will correct each regulatory insufficiency, including at system level. The RN will ensure service plans are updated as required by regulation and appropriately identify Tenant needs and preferences for assistance. Tenant C1 no longer resides at Promise House. 2. Measures taken to ensure the problem does not recur. The RN will be re-educated on regulatory requirement for service plan development.	11/2/2023

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A 350	Continued From page 2 discharged tenants reviewed when she experienced a significant change in her condition (Tenant C1). Findings include: Record review on 8/17/23 revealed Tenant C1 moved to the program on 7/15/22. Tenant C1 had a 30-day service plan dated 8/13/22. Tenant C1 had a history of refusing medication, assistance and redirection. She tried to get items from others she felt were hers. Tenant C1 had a history of banging on other tenants' doors and barging into other tenants' rooms. The following issues were identified on Tenant C1's 11/24/22 Health and Functional Assessment: 10/11/22: Tenant C1 targeted another tenant by yelling at her. 10/16/22: Tenant C1 would not leave another tenant's apartment. She shoved a staff member who was present. 11/6/22: Tenant C1 threw a plate at a staff member. 11/8/22: Tenant C1's behaviors consisted of agitation, glaring at other tenants and speaking rudely to them. Redirection did not seem to be working. 11/12/22: Tenant C1 admitted to the geriatric psychiatric unit and returned on 11/22/23. The program did not update Tenant C1's service plan to address her behaviors until 11/24/22. On 8/15/23 at 3:37 PM the Registered Nurse reported Tenant C1 was sweet and pleasant when she first moved to the program. Tenant C1 did not like another tenant who lived there. Tenant C1 got to the point where she became a danger to herself and others. The RN confirmed the program did not update Tenant C1's service plan when she started to exhibit a change in condition.	A 350	3. How the program plans to monitor performance to ensure compliance. The Administrator and/or designee will review Tenant files at least annually to confirm compliance.	

ok

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