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 |
|---|---|---|---|
| | S0168 | A. BUILDING: _____ B. WING _____ | C 01/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REFLECTIONS ASSISTED LIVING | 512 13TH STREET 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<br><br>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.<br><br>Number of tenants without cognitive impairment: 1<br>Number of tenants with cognitive impairment: 2<br>Total census: 3<br><br>No regulatory insufficiencies were cited during the investigation into Complaint #123659-C. The following regulatory insufficiency was cited during the investigation into Complaint #123684-C. | A 000 | The Plan of Correction is attached | |
| A 130 | 481-67.2(1)e Program Policies and Procedures<br><br>67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following:<br><br>e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the program failed to complete an incident report following an unusual occurrence for 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow:<br><br>Record review on 1/29/25 of nursing notes revealed Tenant C1 was visiting with family on 9/22/24 when they prepared to leave. The tenant attempted to leave with them and became | A 130 | | |

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| A 130 | Continued From page 1<br>aggressive. Staff notified law enforcement and the officer was able to keep the tenant at the building. Tenant C1 physically resisted the officer and staff. The ambulance was called and the tenant was transported to the hospital.<br><br>A staff communication report documenting the same event identified Tenant C1 was aggressive, opening exit doors, agitated and crying.<br><br>The program had an Incident Report policy which noted any incident involving a tenant should be documented on an incident report form and turned in to the Assisted Living Director.<br><br>On 1/30/25 at 10:45 AM, the Assisted Living Director confirmed an incident report form was not completed to document what occurred on 9/22/24. | A 130 | | |

Plan of Correction

Reflections 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 130 Program Policies and Procedures

1) Tenant C1 #3 was discharged from the facility on 09/22/2024.
2) The Administrator/Designee conducted an audit of staff communication and incident report documentation for all tenants.
3) Starting on January 31, 2025, the Administrator/Designee provided in-service education, to all Assisted Living Staff, on Incident Reporting Policies and Procedure.
4) The Administrator, Assisted Living Director, or Designee will conduct weekly audits to ensure the organization maintains a centralized file, tracks incidents, and reports in accordance with policies and procedures. Any negative findings will be promptly addressed with appropriate education or re-education. These findings will also be reviewed during the QAPI meeting.
5) Date of Compliance: ***March 7th, 2025***