DEPARTMENT OF INSPECTIONS AND APPEALS ok

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0193	A. BUILDING: _____ B. WING _____	C 03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE AT FOX RUN ASSISTED LIVING	3121 MACINEERY DRIVE COUNCIL BLUFFS, IA 51501

(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: 49 Number of tenants with cognitive impairment: 10 Total census: 59 This Program has met criteria to be an Assisted Living Program for People with Dementia by definition for the last two recertification visits. The following regulatory insufficiencies were cited during the investigation of Complaint #110010-C, Incident 109812-I and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See Attached POC 7/1/23	
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 by: Based on interview and record review the	A 140		

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

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A 140	Continued From page 1 Program failed to consistently complete evaluations within 30 day of occupancy. This pertained to 4 of 6 tenants (Tenants #1-#4). Findings follow: Record review of tenant files on 3/27/23 revealed the following: 1. Tenant #1 was admitted on 3/5/19. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. 2. Tenant #2 was admitted on 5/20/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. 3. Tenant #3's was admitted on 5/31/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. 4. Tenant #4 was admitted on 6/8/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. When interviewed on 3/27/23 at noon The Director confirmed he had provided all tenant documents. Therefore, the Program failed to complete all required evaluations for Tenants #1-#4.	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	A 145		

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A 145	Continued From page 2	A 145		

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 consistently evaluate tenants functioning with significant change. This pertained to 2 of 6 tenants reviewed (Tenants #1 and #5). Findings follow:

Record review of tenant files on 3/27/23 revealed the following:

1. Tenant #1's file included a cognitive evaluation dated 4/18/22 for a change of condition. The nurse failed to complete health and functional evaluations with a significant change of condition.

2. Tenant #5's Progress Notes dated 3/2/23 documented she returned from a hospital stay. The Program failed to complete evaluations (cognitive, heath and functional) with a significant change of condition.

When interviewed on 3/27/23 at noon the Director confirmed he had provided all documents for Tenant #1 and #5. Therefore, the Program failed to complete all required evaluations with a

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A 145	Continued From page 3 significant change of condition and/or annually.	A 145		
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 consistently develop service plans based on evaluations and include tenant needs. This pertained to 5 of 6 tenants (Tenants #1, #2, #3, #4, and #5). Findings follow: 1. Tenant #1 was admitted on 3/5/19. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. Tenant #1's file included a cognitive evaluation dated 4/18/22 for a change of condition. The nurse failed to complete health and functional evaluations with a significant change of condition. The service plan failed to be based on the required assessments. 2. Tenant #2 was admitted on 5/20/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The service plan failed to be based on the required assessments.	A 350		

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A 350	Continued From page 4 3. Tenant #3 was admitted on 5/31/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The service plan failed to be based on the required assessments. 4. Tenant #4 was admitted on 6/8/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The service plan failed to be based on the required assessments. 5. Tenant #5's Progress Notes dated 3/2/23 documented she returned from a hospital stay. The Program failed to complete evaluations (cognitive, heath and functional) with a significant change of condition. The service plan failed to be based on the required assessments. The Director confirmed he had provided all documents for Tenant #1 through #5. Therefore, the Program failed to ensure service plans were developed/updated as required.	A 350		
A 370	481-69.26(3)a 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. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by:	A 370		

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A 370	Continued From page 5 Based on interview and record review the Program failed to consistently ensure signatures on all updated tenant service plans within 30 days of occupancy, a significant change of condition and/or annually. This pertained to 6 of 6 tenants (Tenants #1 -#6). Findings follow: Record review on 3/27/23 revealed no current service plans for Tenants #1-#6. The Director confirmed he had provided all documents for Tenant #1 - #6. Therefore, the Program failed to ensure service plans were signed by all involved parties when developed/updated within 30 days of occupancy, with a significant change of condition and/or annually.	A 370		
A 420	481-69.27(1)a 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: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by:	A 420		

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A 420	Continued From page 6 Based on interview and record review the Program failed to consistently ensure 90 day reviews were completed for all tenants. This pertained to 6 of 6 tenants (Tenants #1 - #6). Findings follow: Record review on 3/27/23 of tenant Progress Notes noted the most recent 90 day comprehensive nurse reviews as follows: a. Tenant #1's on 7/27/22 b. Tenant #2's on 9/30/22 c. Tenant #3's nothing noted but should have been completed 10/1/22. d. Tenant #4's on 2/3/23- the nurse noted a quarterly but it was only a review of physician's orders e. Tenant #5's on 10/4/22 f. Tenant #6's on 10/11/22 When interviewed on 3/27/23 at noon the Director and delegating nurse confirmed 90 day nurse reviews failed to be completed as required.	A 420		

A 140: 481-69.22 (2) Evaluation of Tenant

- 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.
- Based on interview and record review the Program failed to complete the required evaluations within 30 days of occupancy for 4 of 6 tenants reviewed

Elements detailing how the program will correct the regulatory insufficiency:

- Education was completed with Executive Director (ED) and nursing leadership team reviewing regulation and compliance of assessments.
- Utilize the standardized evaluation process within our Electronic Health Record (EHRx) that includes the following process: Once move-in evaluation is completed, a 30-day evaluation is automatically scheduled and will include tenants functional, cognitive, and health status.

Measures taken to ensure the problem does not recur.

- Director of Healthcare (DOH) and/or designee will oversee the evaluation process by monitoring the EHRx Assessment dashboard for upcoming 30-day evaluations to ensure compliance.

Monitoring performance to ensure compliance:

- DOH and/or designee will implement weekly times 4 weeks, bi-weekly x 4, and then monthly ongoing.

The date by which the regulatory insufficiency will be corrected:

- This regulatory insufficiency will be completed by July 1st, 2023, ensuring that all Tenants receive their required 30-day evaluations as per regulatory requirements.

A 145: 481-69.22 (3): Evaluation of Tenant:

- 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.
- Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as warranted by significant change in condition for 2 of 6 tenants reviewed

Elements detailing how the program will correct the regulatory insufficiency:

- Education was completed with ED and nursing leadership team reviewing regulation and compliance of assessments.
- Review current Tenants and ensure that any change of condition results in an update to the Tenants service plan.

Measures taken to ensure the problem does not recur:

- The DOH and team will evaluate the functional, health, and cognitive status of all Tenants exhibiting a significant change in condition.
- Tenants will be discussed as needed daily and with the weekly Interdisciplinary Team (IDT) meeting with the leadership team to identify any changes observed.
- Education to all associates for recognizing tenants change of condition and reporting of that change. This will be completed for all new hire associates and ongoing.
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The date by which the regulatory insufficiency will be corrected:

- This regulatory insufficiency will be completed by July 1st, ensuring that all tenants are identified for significant change and have an updated evaluation for functional, health, and cognitive status.

A 350: 481-69.26 (1) Service Plans

- 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.
- Based on interview and record review the Program failed to consistently develop service plans based on evaluations and include tenant needs. This pertained to 5 of 6 tenants reviewed.

Elements detailing how the program will correct the regulatory insufficiency:

- Education was completed with ED and nursing leadership team reviewing regulation and compliance of service plans.
- Review current Tenants and ensure service plans are accurate to tenant needs for tenants 1, 2, 3, 4, and 5.

Measures taken to ensure the problem does not recur:

- Tenant service plans will be updated at a minimum, annually.
- The DOH will also evaluate the functional, health, and cognitive status of all Tenants exhibiting a significant change in condition.
- Education to all associates for recognizing tenants change of condition and reporting of that change. This will be completed for all new hire associates and ongoing.

Monitoring performance to ensure compliance:

- The ED and leadership team will assist with identifying any change in the condition of tenants and discuss as needed daily and with weekly IDT meetings.

The date by which the regulatory insufficiency will be corrected:

- This regulatory insufficiency will be completed by July 1st, for current tenants to have accurate service plans pertaining to their needs.