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
	S0187	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LELAND R SMITH ASSISTED LIVING RESIDENCES	309 OVESEN DRIVE WILTON, IA 52778

POC
6/19/23

(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: 21 Number of tenants with cognitive impairment: 3 Total census: 24 The following regulatory insufficiencies were cited during recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	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. Tenant # 1 ISP Reviewed and updated on 04/13/2023 reflecting safety concerns including Wanderguard and hourly checks. DON Educated on 06/15/2023 on requirement of updating tenant ISP's to reflect tenant's needs and concerns upon identification and implementation. AL Nurse Coordinator Educated on 06/19/2023 on requirement of updating tenant ISPs to reflect tenant's needs and concerns upon identification and implementation. Tenant # 3 ISP Reviewed and updated on 05/02/2023 reflecting safety concerns including hourly checks. Tenant # 3 ISP Reviewed and Updated on 05/02/2023 reflecting hygiene, bathing, and dressing concerns reflecting assistance and encouragement. Staff A and Staff B Individual Education Completed on 06/19/2023 on Communicating Tenant Concerns and Needs to AL Nurse Coordinator upon identification.	
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to update service plans to reflect tenant needs. This affected 2 of 3 tenants reviewed (Tenant #1 and Tenant #3). Findings include: 1. On 4/12/23, a review of Tenant #1's record revealed an admission date of 9/30/22. Tenant's #1's initial service plan dated 9/30/22, noted in the safety section, Tenant #1 needed cueing in the event of an emergency. The AL Nurse	A 395		

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A 395	Continued From page 1 Coordinator signed a hand written note in the area of safety on 10/4/22. He noted a Wanderguard had been added to Tenant #1's lower left leg. The 30-day service plan dated 10/28/22 made no mention of the Wanderguard. Routine quarterly reviews/updates of the service plan on 12/28/22 and 3/29/23 continued to provide the same information as the initial service plan and made no reference to a Wanderguard or increased supervision. On 4/12/23, additional review of Tenant #1's record revealed a Task List Report, which listed hourly checks each shift under the area of safety. The hourly checks were added to the Task List on 3/02/23. On 4/12/23 at 2:15 p.m., the AL Nurse Coordinator said he completed routine quarterly reviews for Tenant #1's service plans on 12/28/22 and 3/29/23 and made no changes. The AL Nurse Coordinator acknowledged the updated service plans provided no additional information in the area of safety regarding the hourly visual checks added 3/02/23 or the Wanderguard added 10/04/22. 2. On 4/13/23, a review of Tenant #3's record revealed her annual service plan dated 12/2/22 and a routine quarterly update of the service plan dated 3/14/23. Both service plans provided the same information regarding service needs. The service plans indicated Tenant #3 was independent with bathing, toileting and hygiene needs. Regarding safety needs, the service plan noted Tenant #3 needed staff to provide cueing during emergencies, but did not indicate any other safety or supervision needs. On 4/13/23, additional review of Tenant #3's	A 395	***Elements detailing how the Program will correct each regulatory insufficiency including at the system level.*** All tenants residing at the ALF program will have records audited for safety items that are to be documented on the ISP and reviewed with the corresponding tenant and the plans will be agreed to by the program manager and tenants. Staff will report suspected tenant changes to the program manager in writing on a report form. Staff will have education documented from program manager on reportable conditions/changes. The program manager will implement a service plan audit tool to aide in evaluating ISP for support for tenant assessed needs. ***Measures taken to ensure the problem does not recur.*** Audit of all current ISP for safety measures that require addressed. Agree with tenants on any safety measures to apply to plans. Education of staff to report tenant changes. Implementation of ISP auditing tool.	

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A 395	Continued From page 2 record revealed a Task List Report, which noted staff should check Tenant #3 every hour (added 3/02/23) and a need for bathing assistance (added 3/16/23). On 4/13/23 at 10:45 a.m. Staff A and Staff B stated Tenant #3 needed increased assistance in recent months with bathing and with maintaining adequate hygiene after toileting accidents. The staff said Tenant #3 resisted taking baths/showers and allowing staff to assist her with hygiene after toileting accidents. On 4/13/23 at 11:00 a.m. the AL Nurse confirmed he had not revised Tenant #3's service plan to indicate increased needs in the area of supervision and bathing/hygiene. He said he was not aware Tenant #3 needed assistance with hygiene after toileting accidents.	A 395	***How the Program plans to monitor performance to ensure compliance.*** Auditing of tenant review records, ISPs, and evaluation of safety measures on all service plans. ***The date by which the regulatory insufficiency will be corrected.*** 6/19/2023	