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
	S0204	A. BUILDING: _____ B. WING _____	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLES ASSISTED LIVING	98 BOLGER DRIVE FAYETTE, IA 52142

(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: 11 Number of tenants with cognitive impairment: 0 Total census: 11 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000		
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 Program failed to evaluate the tenant's health, functional, and cognitive status within 30 days of occupancy for 3 of 3 tenants reviewed (Tenants #1, #2, and #3). Findings include: On 10/26/22 a review of Tenant #1's record revealed an admission date of 4/25/22. Tenant #1's last full set of evaluations which included health, functional, and cognitive status was	A 140	The evaluation of tenants on admission will now include a cognitive status assessment and will be repeated again 30 days after admission. This is also reflected in PCC which is our heath care software. The software will now trigger when updates are due. The RN will complete a chart audit to ensure all are corrected, and place the future dates in PCC. This process will be implemented on all future admissions. Audit will be completed for all current tenants by: 1/29/23	

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 completed during the initial review prior to admission on 4/25/22. On 5/25/22, functional and health evaluations were completed for the 30 day evaluation. The Program failed to complete a cognitive evaluation at that time. On 10/26/22 a review of Tenant #2's record revealed an admission date of 3/16/22. Tenant #2's last full set of evaluations which included health, functional, and cognitive status was completed during the initial review prior to admission on 3/2/22 and 3/16/22. On 4/14/22, functional and health evaluations were completed for the 30 day evaluation. The Program failed to complete a cognitive evaluation at that time. On 10/26/22 a review of Tenant #3's record revealed an admission date of 7/27/22. Tenant #3's last full set of evaluations which included health, functional, and cognitive status was completed during the initial review prior to admission on 7/27/22. On 8/22/22, functional and health evaluations were completed for the 30 day evaluation. The Program failed to complete a cognitive evaluation at that time. On 10/26/22 at 3:00 pm, the Registered Nurse confirmed the above findings.	A 140		
A 360	481-69.26(3) 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 360	The service plan of tenants will now be reviewed at 30 days after admission. The RN will place reminders on a calendar as a reminder as well. The RN also has created a check list to ensure all documents are being updated. The RN will complete a chart audit to ensure all are corrected. This process will be implemented on all future admissions. Audit will be complected for all current tenants by: 1/29/23	

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A 360	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to update service plans within 30 days of occupancy for 3 of 3 tenants reviewed (Tenants #1, #2, and #3). Findings include: On 10/26/22 a review of Tenant #1's record revealed an admission date of 4/25/22. Tenant #1's initial service plan was completed on 4/25/22. No updated 30 day service plan could be located. On 10/26/22 a review of Tenant #2's record revealed an admission date of 3/16/22. Tenant #2's initial service plan was completed on 3/16/22. No updated 30 day service plan could be located. On 10/26/22 a review of Tenant #3's record revealed an admission date of 7/27/22. Tenant #3's initial service plan was completed on 7/27/22. No updated 30 day service plan could be located. On 10/265/22 at 3:00 pm, the Registered Nurse confirmed the above findings.	A 360		

✓ 3/31/23