PRINTED: 07/12/2022
FORM APPROVED

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
	S0231	A. BUILDING: _____ B. WING _____	06/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITH HOME ASSISTED LIVING	912 DAVIDSON DRIVE OSAGE, IA 50461

(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 disorder: 14 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 14 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	The preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. The facility reserves the right to dispute the facts and conclusions in a forum if necessary. This plan of correction is prepared and executed solely because it is required by Federal and state law.	
A 415	481-67.19(3)c Record Checks 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete an evaluation with the Department of Human Services (DHS) for 1 of 2 staff reviewed (Staff A). Findings follow: Review of Staff A's file on 6-28-22 revealed a hire date of 8-7-19. A Single Contact License and	A 415		

ok 9/1/22

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A 415	Continued From page 1 Background Check was completed on 7-26-19 and further research was required for a criminal history. The Department of Human Services evaluation was completed on 8-12-19 and approved employment. The evaluation failed to be completed prior to employment. The Administrator confirmed these findings on 6-28-22 at 2:32 p.m.	A 415	A415 New employees will not begin employment prior to the required background checks being received and approved by the required agencies. The Administrator will review all new hire paperwork prior to the employee start date in order to verify that all background checks have been completed and approved.	
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 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 evaluate a tenant's functional, cognitive, and health status as warranted by a significant change of condition and need for assistance for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review on 6-28-22 of Tenant #1's ISP dated 10-21-21 revealed the following additions: - On 11-3-21 revealed he requested the	A 145	Administrator has educated department heads on the requirement of completed background checks prior to the first day of employment. Department Heads will keep the employment application and the background checks together and will review completeness prior to giving the information to the Administrator for orientation. A designated office employee will perform employee file audits on a quarterly basis to verify that the required documents are contained in the file and that all required elements have been completed. Date certain 7/14/2022	

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A 145	Continued From page 2 Program administer his medications. - On 12-1-21 the Registered Nurse (RN) documented he lost a significant amount of weight and scheduled an appointment with physician for a CT scan. - On 12-2-21 he requested the Program to set up his medications in med cups to take independently. - On 1-18-22 the RN noted his weight improved. No functional, cognitive, and health evaluation for the change in conditions and needs for assistance could be located. The Nurse Manager confirmed these findings on 6-28-22 at 2:23 p.m.	A 145	A 145 Corrective action was completed by the nurse manager on 7/11/2022 by completing a Nurse Review, followed by a comprehensive assessment to include a functional, cognitive and health assessment on Tenant #1, capturing all changes in this tenants' condition to be used to properly update the Individualized Service Plan. The process of identifying other residents potentially effected by this deficiency and to prevent reoccurrence: The nurse manager will audit all tenant records for significant changes quarterly. The nurse manager will review Chapter 69 Assisted Living Program, Table A for guidance when there is any change in a tenant's condition that warrants a nurse's note. If significant changes are noted, the nurse manager will follow up with a comprehensive assessment to assure all tenants have updated and current comprehensive assessments that accurately reflect their status. To assure above plan is followed, the nurse manager will complete a quarterly audit of each residents' chart. Evaluation of Tenant deficiency has been corrected as of 7/11/2022.	
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 develop service plans based on evaluations conducted to meet the identified needs for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review on 6-28-22 of Tenant #2's ISP dated 10-21-21 revealed the following additions: - On 11-3-21 revealed he requested the	A 350		

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A 350	Continued From page 3 Program administer his medications. - On 12-1-21 the Registered Nurse (RN) documented he lost a significant amount of weight and scheduled an appointment with physician for a CT scan. - On 12-2-21 he requested the Program to set up his medications in med cups to take independently. - On 1-18-22 the RN noted his weight improved. No functional, cognitive, and health evaluation for the change in conditions and needs for assistance could be located. The ISP failed to be based on the required assessments. The Nurse Manager confirmed these findings on 6-28-22 at 2:23 p.m.	A 350	A 350 Corrective action was completed by the nurse manager on 7/12/2022 by completing a Nurse Review, followed by a comprehensive assessment which included a functional, cognitive and health assessment on Tenant #1, capturing all changes in this tenants' condition which was then used to update this tenants Individualized Service Plan. The process of identifying other residents potentially effected by this deficiency and to prevent recurrence: The nurse manager will audit all tenant records for significant changes quarterly. The nurse manager will review Chapter 69 Assisted Living Program, Table A for guidance when there is any change in a tenant's condition that warrants a nurse's note. If significant changes are noted, the nurse manager will follow up with a comprehensive assessment to assure all tenants have updated and current comprehensive assessments that accurately reflect their status and then will update the Individualized Service Plan based off the comprehensive assessment. To assure above plan is followed, the nurse manager will complete a quarterly audit of each residents' chart. Evaluation of Tenant deficiency has been corrected as of 7/12/2022.	