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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>IAALP241</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/19/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GARDENS AT LUTHER PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2910 E16TH STREET<br/>DES MOINES, IA 50316</b>                               |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 000                                                             | Initial Comments<br><br>Assisted Living Programs for People with<br>Dementia are defined by the population served.<br>The census numbers were provided by the<br>Program at the time of the on-site.<br><br>Number of tenants without cognitive impairment:<br>32<br><br>Number of tenants with cognitive impairment:<br>21<br><br>Total census: 53<br><br>The following regulatory insufficiencies were cited<br>during the investigation of Incident #108374-I.                                                                                                                                                                                                                                                                                                                                                                      | A 000                                                                        |                                                                                                                          |                          |                                                        |
| A 390                                                             | 481-69.26(3)e Service Plans<br><br>69.26(3) When a tenant needs personal care or<br>health-related care, the service plan shall be<br>updated within 30 days of the tenant's occupancy<br>and as needed with significant change, but not<br>less than annually.<br><br>e. The service plan shall be reviewed, updated if<br>necessary, and signed and dated by all parties at<br>least annually.<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review the<br>Program failed to consistently ensure service<br>plans were signed and dated. This affected 2 of 3<br>closed files reviewed. Findings follow:<br><br>1. Record review on 12/19/22 revealed Tenant<br>C1's service plan, dated 10/4/22, did not include<br>required signatures.<br><br>2. Record review on 12/19/22 revealed Tenant | A 390                                                                        |                                                                                                                          |                          |                                                        |

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

|                                                               |                                                                                                                                                                                                                                                             |                                                                              |                                                                                                                          |                          |                                                        |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>IAALP241</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/19/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>GARDENS AT LUTHER PARK</b> |                                                                                                                                                                                                                                                             |                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2910 E16TH STREET<br/>DES MOINES, IA 50316</b>                               |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                | ID<br>PREFIX<br>TAG                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 390                                                         | Continued From Page 1<br><br>C2's service plan, dated 3/10/22, did not include<br>required signatures.<br><br>During the exit on 12/19/22 at 3:00 p.m. the<br>Director reported the Program could not locate the<br>signed service plans for either tenant. | A 390                                                                        |                                                                                                                          |                          |                                                        |

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.