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
	S0257	A. BUILDING: _____ B. WING _____	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF WAUKEE	1654 SE HOLIDAY CREST CIRCLE WAUKEE, IA 50263

(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: 40 Number of tenants with cognitive disorder: 1 TOTAL census of Assisted Living Program: 41 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. The following regulatory insufficiencies were cited.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure tenants received care, treatment and services which were adequate and appropriate. This affected 1 of 4 tenants reviewed (Tenant #4). Finding follows: During medication observation on 6/6/22 Tenant #4's wife expressed concern regarding her husband's exelon pain medication patch. She	A 160		

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A 160	Continued From page 1 said the staff who applied the patch on previous Sunday morning had applied the patch to the front of his chest. She said removal of the patch was painful for her husband because staff applied the patch to hair on his chest. When interviewed on 6/6/22 the Registered Nurse (RN) confirmed Staff B had applied the patch and it should not have been applied to the front of Tenant #1's chest. Record review on 6/6/22 revealed Staff B's Medication Manager Course Skills Competency Checklist for Transdermal Patch. The document included the following direction - choose a clean, dry area on the body that is free from hair.	A 160		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform criminal history and child/dependent adult abuse record checks prior to employment. This affected 1 of 4 staff reviewed (Staff A). Finding follows: Record review on 6/7/22 revealed the Program hired Staff A on 2/1/21.	A 400		

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A 400	Continued From page 2 Further review revealed the SING (Single Contact License and Background Check) dated 2/3/21. When interviewed on 6/7/22 the Registered Nurse (RN) said the Program used an on boarding company to do the record checks and they had not ensured the check was completed before Staff A began employment.	A 400		
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 consistently evaluate tenants' functional status annually or with a significant change. This affected 1 of 4 tenants reviewed (Tenant #1). Finding follows: Record review on 6/7/22 revealed no current cognitive evaluation for Tenant #1. When interviewed on 6/7/22 the Registered Nurse (RN) confirmed the evaluation had not	A 145		

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A 145	Continued From page 3 been completed for Tenant #1. She said she knew it needed to be done but didn't have enough nurses to keep up.	A 145		