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 _____ | C 09/27/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| INDEPENDENCE VILLAGE OF WAUKEE AL | 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<br><br>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.<br><br>Number of tenants without cognitive impairment: 35<br>Number of tenants with cognitive impairment: 4<br><br>Total census: 39<br><br>The following regulatory insufficiencies were cited during the investigation of Complaint #113437-C. | A 000 | | |
| A 160 | 481-67.3(2) Tenant Rights<br><br>481-67.3 Tenant rights. All tenants have the following rights:<br><br>67.3(2) To receive care, treatment and services which are adequate and appropriate.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to provide adequate and appropriate care, treatment and services. This pertained to 1 of 1 tenants reviewed (Tenant #1) with a urinary tract infection (UTI). Finding follows:<br><br>Record review on 8/30/23 revealed Tenant #1's Progress Note dated 4/21/23 (Friday) at 10:51 a.m. noted urinary analysis results received, faxed to primary care provider, and waiting for new orders. No follow up was documented to | A 160 | | |

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| A 160 | Continued From page 1<br>indicate course of treatment.<br><br>Record review on 9/25/23 of Tenant #1's Emergency Room Provider Notes dated 4/24/23 (Monday) revealed diagnoses of sepsis, pneumonia, urinary tract infection, intra-abdominal infection, cellulitis, and influenza and required admission to the hospital for treatment.<br><br>When interviewed on 8/30/23 at 11:45 a.m. the Regional Wellness Director stated the nurse should have followed up with the physician's office and obtained the orders prior to leaving for the weekend. | A 160 | | |
| A 430 | 481-69.27(1)c Nurse Review<br><br>69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:<br><br>c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to assess and document the health status of each tenant that received personal or health-related care as needed. This pertained to 1 of 1 tenants reviewed with a | A 430 | | |

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| A 430 | Continued From page 2<br>hospital visit (Tenant #1). Finding follows:<br><br>Record review on 8/30/23 revealed Tenant #1's Progress Note dated 9/14/22, noted resident complained of not feeling well and after the Registered Nurse (RN) completed an assessment she contacted family and they gave permission to transport to the emergency room.<br><br>Review of Tenant #1's hospital discharge summary dated 9/14/22, indicated Tenant #1 presented very confused and was diagnosed with COVID on 9/3/22. Tenant #1 also complained of arm pain from a fall three to four days prior. Continued review noted no acute distress and a chest x-ray revealed possible pneumonia. She was administered Rocephin and azithromycin in the emergency department and stated no further complaints.<br><br>No nurse review assessing the change in health status after Tenant #1 returned from the emergency room could be located.<br><br>When interviewed on 8/30/23 at 11:45 a.m. the Regional Wellness Director confirmed these findings. | A 430 | | |