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 10/03/2024

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 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: 27 Number of tenants with cognitive impairment: 10 Total census: 37 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program. The following regulatory insufficiencies were cited during the investigation of Complaint #122710-C:	A 000	**A 130** **Achieve Compliance:** Review policies and procedures regarding incident reports and unusual occurences with staff in all departments including circumstances which require an incident report, how to properly complete an incident report, and to whom/ when/how to report an incident or unusual occurence. **Prevent Recurrence:** Policies and procedures regarding incident reports to be reviewed during onboarding for all new employees. An incident report will be completed per ALP policies and procedures with all incidents, unusual occurrences, and self-reports to DIAL. **Monitor:** Review of all incidents and unusual occurrences during ALP leadership morning "stand-up" meeting and weekly during collaborative team meeting.	
A 130	481-67.2(1)e Program Policies and Procedures 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently follow established policy regarding the completion of incident reports. This pertained to 1 of 1 former tenant reviewed (Tenant C1). Finding follows:	A 130	**Timeline:** Review and education with current staff to be completed by November 15, 2024. New hire training regarding incident reports are ongoing and will occur within first 30 days of hire. **A 220** **Achieve Compliance:** Review policies and procedures regarding elopements and requirements for program notification to department. Review process for completing program notification to department via online entity portal.	11 / 15 / 2024

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 130	Continued From page 1 Record review on 9/30/24 revealed a police report dated 7/17/24. According to the report the Waukee police were notified on 7/17/24 at 8:41 p.m. of a woman (Tenant C1) in the parking lot of the Program who seemed confused. The bystanders attempted to notify staff of the Program but could not find any/make contact with staff. When the police arrived, they contacted Program staff at 9:12 p.m. who confirmed the identity of the confused woman as Tenant C1 who was in her apartment. Staff told the police she had recently moved from independent living to assisted living (AL). Tenant C1 had returned to her apartment in AL. When interviewed on 10/2/24 at 12:36 p.m. the Director of Wellness (DOW) confirmed Tenant C1 moved from Independent Living to Assisted Living on 7/11/24. On 10/3/24 at 8:00 a.m. DOW confirmed Program staff notified her the police had been at the Program regarding a confused tenant on 7/17/24 after a musical performance. She also confirmed Tenant C1 had recently moved from independent living to assisted living and her GDS measured 6 indicating severe cognitive decline on 7/16/24. Record review on 10/1/24 revealed a self-report of elopement involving Tenant C1 dated 9/18/24 for an elopement on 9/7/24. Staff found Tenant C1 in the parking lot looking for her vehicle. Prior to the incident Tenant C1 had been observed at 3:30 p.m. when staff redirected her to join an activity in the community room. The Program documented Tenant C1 dressed appropriately for the weather. The Program notified the Power of Attorney (POA)/daughter who agreed for Tenant	A 130	**(A 220)** Continued From Page 1 **Prevent Recurrence:** Ongoing safety drills monthly regarding elopement and reporting of elopements per ALP policies and procedures. Staff completion of incident report, witness statements, and reporting per elopement protocol for any/all elopements suspected or reported . ALP Wellness Director, Resident Care Supervisor, or Executive Director to complete program notification to department via online portal for any/all elopements suspected or confirmed. **Monitor:** Review of all incidents reports by Wellness Director and Executive Director to determine if incident requires program notification to department. **Timing:** Review of ALP policies and procedures and regulatory guidelines regarding program notification to department to be completed by Wellness Director, Resident Care Supervisor, and Executive Director by November 8, 2024. Continue ongoing monthly safety drills with all ALP departments regarding elopements and elopement reporting. Any/All elopements to be reported to the department within 24 hours or next business day via online portal or most expeditious means if portal is unavailable. x _____ x RB RN	11 / 08 / 2024

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A 130	Continued From page 2 C1 to move to the memory care unit. The Program implemented 30-minute checks until moved to memory care unit. Further review revealed Tenant C1 moved to secured memory care unit on 9/18/24 per her occupancy agreement. The GDS completed on 9/9/24 revealed Tenant C1 was at a 6 which indicated severe cognitive decline. Record review on 10/3/24 revealed the Program's incident/Accident Reporting implementation date 6/8/21. The policy directed an incident report form to be completed when a need to explain/investigate an event such as elopement occurred. Further review revealed the policy directed staff to notify the Department when a tenant eloped from the Program. No incdent reports for the elopements on 7/17/24 or 9/18/24 could be located. Record review on 10/2/24 revealed Tenant C1's GDS score measured 6. Tenant C1's diagnoses included Alzheimer's disease. The Program admitted Tenant C1 to Assisted Living on 7/11/24. During the exit interview on 10/3/24 at 2:30 p.m. the administrative team confirmed the Program failed to complete incident reports as required per policy for Tenant C1's elopements.	A 130		
A 220	481-67.4(4) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available:	A 220		

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A 220	Continued From page 3 67.4(4) When a tenant elopes from a program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to notify the Department of an elopement as required. This pertained to 1 of 1 former tenant reviewed (Tenant C1). Finding follows: Record review on 9/30/24 revealed a police report dated 7/17/24. According to the report the Waukee police were notified on 7/17/24 at 8:41 p.m. of a woman (Tenant C1) in the parking lot of the Program who seemed confused. The bystanders attempted to notify staff of the Program but could not find any at that time. When the police arrived, they made contact with Program staff at 9:12 p.m. who confirmed the identity of the confused woman as Tenant C1 who was in her apartment at that time. Staff told the police she had recently moved from independent living to assisted living (AL). Tenant C1 had returned to her apartment in AL. When interviewed on 10/2/24 at 12:36 p.m. the Director of Wellness (DOW) confirmed Tenant C1 moved from Independent Living to Assisted Living on 7/11/24. On 10/3/24 at 8:00 a.m. the DOW confirmed Program staff notified her the police had been at the Program regarding a confused tenant on 7/17/24 after a musical performance. She also stated the tenant's GDS on 7/16/24 measured 6 which indicated severe cognitive decline. Record review on 10/2/24 revealed Tenant C1's GDS score measured 6 indicatng severe cognitive decline. Tenant C1's diagnosis included	A 220		

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A 220	Continued From page 4 Alzheimer's disease. Record review on 10/3/24 revealed the Program's incident/Accident Reporting (implementation date 6/8/21) directed staff to notify the Department when a tenant eloped from the Program. During the exit interview on 10/3/24 at 2:30 p.m. the administrative team confirmed the Program failed to notify the Department of Tenant C1's elopement.	A 220		