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
	S0265	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK MEMORY CARE	609 HWY 150 N WEST UNION, IA 52175

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 1 Number of tenants with cognitive impairment: 5 Total census: 6 No regulatory insuffiencies were cited during the investigation of Complaint # 114200-C. The following regulatory insuffiencies were cited during the investigation of Incident # 114295-I and Complaint # 113453-C.	A 000		
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.	A 145		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 145	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to complete a functional, health, and cognitive evaluation prior to making changes to the service plan due to a significant change of the tenant for 1 of 4 tenants reviewed (Tenant C2). Findings include: 1. Record review on 12/19/23 revealed Tenant C2 was admitted to the Program 6/20/23. Tenant C2's service plan, dated 6/20/23, indicated Tenant C2 was independent in all areas of care and only required verbal prompting to initiate activities or redirect due to anxiety and delusional beliefs. Tenant C2 had no history of elopement. 2. Continued record review on 12/18/23 revealed an incident, dated 7/5/23, noted Tenant C2 eloped from the Program by exiting her apartment window. Tenant C2 reported she left the premises, ran next door and used the neighbor's phone to call her husband, and then returned to the Program. Staff heard knocking on the front door of the Program at 11:00 pm. Staff let Tenant C2 back into the building. Tenant C2 was assessed and had no injuries. 3. Further review of Tenant C2's record revealed an updated service plan dated 7/12/23, which included Tenant C2's new elopement threat. The record lacked completed evaluations to assist in the determination of the service plan change. 4. On 12/20/23 at 11:14 am, the Healthcare Coordinator stated no evaluations were on file that initiated the service plan change for Tenant C2 on 7/12/23. 5. On 12/20/23 at 12:30 pm, the Community	A 145		

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A 145	Continued From page 2 Director, the Healthcare Coordinator, and the Registered Nurse (RN) confirmed the above finding.	A 145		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to complete a service plan prior to admission for 1 of 4 tenants reviewed (Tenant C1). Findings include: 1. Record review on 12/20/23 revealed Tenant C1's admission date of 12/1/22. Continued review failed to produce an initial service plan. 2. When interviewed on 12/20/23 at 11:14 am, the Healthcare Coordinator confirmed no service plans existed prior to July of 2023 for Tenant C1. 3. When interviewed on 12/20/23 at 12:30 pm, the Community Director, Healthcare Coordinator, and Registered Nurse (RN) confirmed the above finding.	A 355		

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A 360	Continued From page 3	A 360		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to implement and/or update a service plan within the first 30 days of admission for 1 of 4 tenants reviewed (Tenant C1). Findings include: 1. Record review on 12/20/23 revealed Tenant C1's admission date of 12/1/22. Continued record review failed to produce a service plan completed and/or updated within 30 days of admission for Tenant #1. 2. When interviewed on 12/20/23 at 11:14 am, the Healthcare Coordinator confirmed no service plans were available for Tenant C1 prior to July of 2023. 3. When interviewed on 12/20/23 at 12:30 pm, the Community Director, Healthcare Coordinator, and Registered Nurse (RN) confirmed the above finding.	A 360		