STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP268	A. BUILDING _____ B. WING _____	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY HEIGHTS	11 ELLIOTT STREET COUNCIL BLUFFS, IA 51503

(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: 36 Number of tenants with cognitive impairment: 14 Total census: 50 This Program has met criteria to be an Assisted Living Program for People with Dementia by definition for the last two recertification visits. No regulatory insufficiencies were cited during the investigation of Complaints #107149-C, #108969-C, #109875-C, and #109882. The following regulatory insufficiencies were cited during the investigation of Complaints #110607-C and 110602-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		

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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A 145	Continued From Page 1 This Requirement is not met as evidenced by: Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as needed to determine continued eligibility. This pertained to 1 of 2 tenants reviewed with an outside caregiver (Tenant #3). Findings follow: Record review on 2/1/23 revealed Tenant #3's Progress Notes from 6/1/22 to 2/1/23 noted they fell almost daily. Continued review of Progress Notes dated 12/6/22 noted home health companion care from 7:30 a.m. to 7:30 p.m. was added to his services. No functional, cognitive, and health assessments could be located for these changes in health status. On 2/1/23 at 1:43 p.m. the Registered Nurse confirmed these findings.	A 145		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to follow established policy regarding elopement response. Findings follow: Record review on 1/31/23 revealed a door alarm report documented the basement door alarm went off at 5:17 p.m. and was reset at 5:28 p.m. Review of video of the basement hallway showed Tenant #1 pushed the exit bar on the door at 4:32 p.m. He held the bar for 15 seconds which allowed the lock to disengage.	A 150		

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A 150	Continued From Page 2 An Elopement Incident Report Form dated 1/25/23 revealed Tenant #1 left the assisted living building at 4:32 p.m. and entered the adjacent nursing home around 4:35 p.m. Review of the Elopement and Wandering Response policy noted elopement drills were required at least every six months. The Door Alarms and Wanderguard policy directed staff were to check the identified door alarm immediately upon notification. Record review revealed Tenant #1's Global Deterioration Scale (GDS) Assessment dated 10/24/22 revealed a stage 4 which indicated a moderate cognitive deficit. On 1/31/23 at 12:15 p.m. the Lead Maintenance Coordinator confirmed no elopement drills had been completed in the past 9 years. He reported the time stamp on the door alarm report did not reflect the correct time as the elopement occurred around 4:32 p.m. He confirmed there was a sign on the door that stated to hold the bar for 15 seconds and it would open. On 1/31/23 at 9:53 a.m. Staff A stated she was assisting another tenant and heard the pager go off but continued with cleaning the tenant and assumed another staff would take care of it. She said she never received training on what to do when the door alarm sounded. On 1/31/23 at 10:16 a.m. Staff B reported she was talking to a tenant's family and failed to hear the pager alert go off. She stated she assumed the volume on the pager would be loud enough to hear but never checked to be sure. On 1/31/23 at 2:04 p.m. Staff C confirmed she heard the alert on the pager but assumed only	A 150		

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A 150	Continued From Page 3 staff and/or deliveries could use the basement door so she failed to respond to it. She could not recall having been trained on the procedure for door alarms. On 1/30/23 at 2:49 p.m. the Interim Administrator confirmed these findings.	A 150		
A 155	481-69.23(1)b Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer or evacuation This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure tenants continued to meet criteria for retention of an assisted living program for people with dementia. The Program retained tenants who routinely required the assistance of at least two staff with standing, transfer, or evacuation. This pertained to 1 of 2 tenants reviewed that required assistance with transfers (Tenant #2). Findings follow: Record review of Tenant #2's Service Plan on 2/1/23 dated 10/24/22 revealed she required the assistance of 2 staff with transfers as of 9/17/21. On 2/1/23 at 10:34 a.m. Tenant #2 confirmed she required 2 staff for transfers and increased problems with getting out of bed. She also confirmed she hired a personal caregiver to assist with personal cares and exercise seven days per week.	A 155		

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A 155	Continued From Page 4 On 1/31/23 at various times staff reported Tenant #2 required 2 staff for transfers and had a personal caregiver on a daily basis. On 2/1/23 at 10:53 a.m. the Interim Administrator confirmed these findings.	A 155		
A 430	481-69.27(1)c Nurse Review 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: 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; This Requirement is not met as evidenced by: Based on interview and record review the Program failed to assess and document the health status of each tenant received personal or health-related care at least every 90 days. This pertained to 3 of 4 tenants reviewed (Tenant #2, Tenant #3, and Tenant #4). Findings follow: 1. Record review on 2/1/23 revealed Tenant #2's annual functional, cognitive, and health assessments dated 10/24/22 documented she received assistance with activities of daily living and medication administration. No nurse review to monitor progress and assess the health status at least every 90 days could be located.	A 430		

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A 430	Continued From Page 5 2. Record review on 2/1/23 revealed Tenant #3's annual functional, cognitive, and health assessments dated 10/12/22 documented he received assistance with activities of daily living and medication administration. No nurse review to monitor progress and assess the health status at least every 90 days could be located. 3. Record review on 2/1/23 revealed Tenant #4's annual functional, cognitive, and health assessments dated 10/7/22 documented he received assistance with activities of daily living. No nurse review to monitor progress and assess the health status at least every 90 days could be located. On 2/1/23 at 1:43 p.m. the Registered Nurse confirmed these findings.	A 430		