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
	S0270	A. BUILDING: _____ B. WING _____	C 10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF CRESTON	1709 WEST PRAIRIE, PO BOX 255 CRESTON, IA 50801

(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: 3 Number of tenants with cognitive impairment: 8 TOTAL census: 11 There were no regulatory insufficiencies cited during the investigation of Complaint #112374-C. The following regulatory insufficiency was cited during the investigation of Complaint #112527-C.	A 000	See Attached POC 2/15/24	
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 the program failed to complete an incident report for all accidents or unusual occurrences. This affected 1 of 3 sample tenants. Findings include: Interview on 10/26/23 at 1:35p.m. interview with the Residential Care Coordinator revealed she	A 130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0270	A. BUILDING: _____ B. WING _____	C 10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF CRESTON	1709 WEST PRAIRIE, PO BOX 255 CRESTON, IA 50801

(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 130	Continued From page 1 recalled hearing a former staff member saying something about Resident C-1's black eye but could not recall specifics. When interviewed on 10/26/23 at 1:42p.m. interview with the Business Office/Dietary Manager revealed she remembered Resident C-1 having a black eye and recalled hearing Resident C-1 telling a staff member that she had bent over and hit her head on the headboard. Record review failed to reveal an incident report regarding the injury. On 10/26/23 at 3:44p.m. the Executive Director confirmed the staff should have filled out a communication report to let the nurse know when the bruise was first identified or document on an incident report or in the nurses notes and it was not done. There was no documentation concerning Resident C-1's black eye.	A 130		

Plan of Correction following Complaint Investigation 10/24/23-10/26/23

RI: 1 A 130 481-67.2(1)e Program 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 with the program's building or on the premises that affect the tenans shall be reported as incidents.

Based on interviews the program failed to complete an incident report for all accidents or unusual occurrences. This affected 1 of 3 sample tenants (Tenant C-1) identified in the complaint investigation Complaint #112527-C.

1. **New RCC was hired on 10/10/2023. Certificate of Completion of Assisted Living Regulatory Class was Completed on 11/10/2023. Incident Report Policy & Procedures as reviewed with RCC upon hire and again reviewed on 2/2/2024.**

2. **Upon Hire, new employees will review Incident Reports Policy & Procedures and sign that they have received and reviewed a copy of the Incident Reports Policy and that they understand, acknowledge, and accept its content as it relates to their position. They will be given the opportunity to ask questions and discuss any aspects of this policy with their immediate supervisor.**

3. **The Incident Report Policy & Procedures will be reviewed annually and as need to all staff at monthly In-service. Review of Incident Report Policy & Procedures will be reviewed on 2/15/24 at monthly in-service. All employees will review the Incident Report Policy & Procedures and sign that they have received and reviewed a copy of the Incident Reports Policy & Procedures.**

4. **RI was corrected on 2/2/2024 with RCC education and review of Incident Report Policy & Procedures.**