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
	S0276	A. BUILDING: _____ B. WING _____	C 06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS ASSISTED LIVING	**2235 HIGHWAY 34 EAST FAIRFIELD, IA 52556**

(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: 15 Number of tenants with cognitive impairment: 0 Total census: 15 No regulatory insufficiencies were cited during the investigation of Complaint #117361-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000		
A 105	481-67.2 Program Policies and Procedures 481-67.2 Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to develop and implement policies regarding incident reports. Finding follows:	A 105	The Plan of Correction is attached	

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

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A 105	Continued From page 1 On 6/05/24 and 6/06/24 record review for Tenant #1, Tenant #2 and Tenant #3 revealed no incident reports On 6/05/24 at 1:48 p.m. the Executive Director (ED) sent an email in response to the request for all tenant incident reports for the past three months. The ED noted incidents/falls were documented in tenant progress notes. When asked for the incident report policy, the ED sent a policy for falls, which contained no information regarding incident reports. On 6/06/24 at 4:00 p.m. the ED verified the program had no incident report policy or incident report forms.	A 105		
A 340	481-67.9(4)a Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview, the Program's Registered Nurse (RN) failed to document an assessment	A 340		

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A 340	Continued From page 2 ensuring staff competency of 2 of 2 long term staff reviewed within the first 60 days of her employment (Staff A, Staff B). Findings include: On 6/05/24 at 11:15 a.m. Staff A stated she had worked at the program for 12 years. She couldn't recall whether the current Registered Nurse (RN) had done a review of her delegation training within 60 days after the RN's hire. On 6/05/24 at 1:15 p.m. Staff B said she had worked at the program for 13 years. She couldn't recall whether the current Registered Nurse (RN) had done a review of her delegation training within 60 days after the RN's hire. On 6/05/24 at 4:00 p.m. the Social Services Director (SSD) and the RN confirmed the hire date for the RN as 3/31/22, but explained she worked at the attached long term care center when hired. She became the RN for the Assisted Living Program (ALP) in the fall of 2022 when the previous ALP RN left the agency. On 6/06/24 at 9:15 a.m. the SSD stated although there was record the RN provided delegation training to both staff A and B on 9/29/23, there was no documentation of a review of their training and competency within the first 60 days of her employment as the ALP RN.	A 340		
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services.	A 435		

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A 435	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to obtain an evaluation from the Department of Health and Human Services prior to hire for 1 of 1 staff reviewed with a history of child abuse (Staff F). Findings include: On 6/05/24 record review revealed Staff C's hire date of 4/12/24. A Single Contact License & Background Check (SING) form was completed on 4/5/24. The child abuse results indicated to initiate the record check evaluation process by submitting the appropriate form to DHS (Department of Human Services). There was no indication in the file the form was ever completed or submitted to DHS (now known as the Department of Health and Human Services) as required. On 6/06/24 at 2:25 p.m. the Business Office Manager confirmed she failed to initiate the record check evaluation process because she had overlooked it on the SING form.	A 435		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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. This REQUIREMENT is not met as evidenced	A 140		

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A 140	Continued From page 4 by: Based on interview and record review, the program failed to complete comprehensive evaluations within 30 days of occupancy for 3 of 3 tenants reviewed (Tenant #1, Tenant #2 and Tenant #3). Findings follow: 1. On 6/06/24 record review revealed Tenant #1 moved to the program on 4/10/23. The record contained initial assessments dated 4/10/23 and annual assessments dated 4/09/24. Assessments completed within 30 days of occupancy could not be located. On 6/06/24 at 11:30 a.m. the Social Services Director (SSD) and Executive Director (ED) confirmed the program failed to complete a comprehensive evaluation within 30 days of occupancy. 2. On 6/05/24 record review revealed Tenant #2's original occupancy date of 10/16/23. The record contained initial assessments dated 10/12/23. Assessments completed within 30 days of occupancy could not be located. On 6/05/24 at 2:15 p.m. the SSD confirmed the program failed to complete a comprehensive evaluation within 30 days of occupancy. 3. On 6/06/24 record review revealed Tenant #3 moved to the program on 4/08/24. The record contained initial assessments dated 4/04/24 and 4/08/24. Assessments completed within 30 days of occupancy could not be located. On 6/06/24 the SSD confirmed the program failed to complete a comprehensive evaluation within 30 days of occupancy	A 140		

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A 145	Continued From page 5	A 145		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to complete comprehensive evaluations for 3 of 3 tenants reviewed who had significant changes (Tenant #1, Tenant #2 and Tenant #3). Finding follow: 1. On 6/06/24 review of Tenant #1's record revealed initial comprehensive assessments completed 4/10/23 and annual assessments completed 4/09/24. No additional comprehensive assessments were located in her record. Tenant #1's nursing note dated 1/27/24 indicated she had an overnight stay in the hospital for kidney surgery. When Tenant #1 returned to the program, her daughter noted she needed dressing changes twice per day. No additional	A 145		

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A 145	Continued From page 6	A 145		

information was located regarding dressing changes.

On 6/06/24 at 11:20 a.m. Tenant #2 recalled she had surgery for a kidney stone in January. She said the program staff did the dressing changes for a period of time after she returned the next day.

On 6/06/24 at 11:30 a.m. the Social Services Director and the Executive Director verified the program provided the new service of changing dressings following Tenant #2's surgery in January 2024 and failed to complete new assessments related to the change.

2. On 6/05/24 record review revealed Tenant #2's original occupancy date of 10/16/23. Tenant #2 was hospitalized due to a fracture in mid-April 2024. She was admitted to the attached long term care center on 4/18/24 and returned to the Assisted Living Program (ALP) on 5/06/24. The ALP occupancy agreement dated 10/16/23 contained a note by the Social Services Director (SSD) of a "readmit" on 5/06/24.

Assessments to evaluate Tenant #2's health, cognitive and functional status upon her return to the program on 5/06/24 could not be located in her record.

On 6/05/24 at 2:15 p.m. the SSD confirmed Tenant #2 returned to the ALP on 5/06/24 after an admission to the long term care center. She said the program did not complete new assessments because there were no changes.

On 6/05/24 at 3:45 p.m. the Executive Director (ED) verified the program should have completed a comprehensive evaluation when Tenant #2

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A 145	Continued From page 7 returned to the ALP from the long term care center. On 6/06/24 at 10:10 a.m. the SSD provided health and functional assessments for Tenant #2 dated 5/06/24. She said she forgot she had completed the assessments, which were on her desk. The SSD confirmed a cognitive evaluation was not completed. 3. On 6/06/24 record review revealed Tenant #3's moved to the program on 4/08/24. Her initial assessments, dated 4/04/24 and 4/08/24, indicated she would be responsible for managing her own medication. Tenant #3's nursing note on 5/07/24 indicated medical intervention due to increased confusion. According to a nursing note on 5/08/24, Tenant #3's physician requested the program manage Tenant #3's medication. On 6/06/24 at 1:30 p.m. the SSD confirmed the program recently began administering Tenant #3's medication, per request of the family and physician. The program failed to complete new assessments related to this significant change.	A 145		
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	A 360		

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A 360	Continued From page 8	A 360		

by:
Based on interview and record review, the facility failed to update the service plans within 30 days of occupancy or for significant changes for 3 of 3 tenants reviewed (Tenant #1, Tenant #2 and Tenant #3). Finding follows:

1. On 6/06/24 record review revealed Tenant #1's initial service plan dated 4/10/23 and annual service plan dated 4/09/24. No additional service plans were located in her record.

Tenant #1's nursing note dated 1/27/24 indicated she had an overnight stay in the hospital for kidney surgery. When Tenant #1 returned to the program, her daughter noted she needed dressing changes twice per day. No additional information was located regarding dressing changes.

On 6/06/24 at 11:20 a.m. Tenant #2 recalled she had surgery for a kidney stone in January. She said the program staff did the dressing changes for a period of time after she returned the next day.

On 6/06/24 at 11:30 a.m. the Social Services Director and the Executive Director verified the program provided the new service of changing dressings following Tenant #2's surgery in January 2024 and failed to update her service plan related to the change.

2. On 6/05/24 record review revealed Tenant #2's original occupancy date of 10/16/23 and a service plan with the same date. Tenant #2 was hospitalized due to a fracture in mid-April 2024. She was admitted to the attached long term care center on 4/18/24 and returned to the Assisted Living Program (ALP) on 5/06/24. An

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A 360	Continued From page 9 updated/new service plan since 10/16/23 could not be located. On 6/05/24 at 2:15 p.m. the SSD confirmed Tenant #2 returned to the ALP on 5/06/24 after an admission to the long term care center. She said the program did not complete a new/update service plan because there were no changes. On 6/05/24 at 3:45 p.m. the Executive Director (ED) verified the program should have updated Tenant #2's service plan when she returned the ALP from the long term care center. The ED confirmed Tenant #2 had physical therapy services for a short time after she returned to the program, which was a change from previous services. 3. On 6/06/24 record review revealed Tenant #3's occupancy date and initial service plan date of 4/08/24. According to her service plan, Tenant #3 needed personal care services of stand by assistance when bathing. A service plan updated within 30 days of occupancy could not be located. On 6/06/23 at 2:00 p.m. the Social Services Director verified the program failed to update Tenant #3's service plan within 30 days of occupancy.	A 360		
A 420	481-69.27(1)a 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:	A 420		

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A 420	Continued From page 10 a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide a 90-day nursing review of medications for 1 of 1 tenants who had resided at the program for over 90 days and received program-administered medication (Tenant #1). Finding follows: On 6/06/24 record review revealed Tenant #1's initial service plan, dated 4/10/23, and her annual service plan dated 4/09/24. Both service plans indicated the program administered Tenant #1's medications. Tenant #3's 90-day nursing assessments dated 7/09/23, 10/07/23, 1/05/24 and 4/09/24 revealed no information regarding monitoring of the medication, such as adverse reactions, medication changes or whether medication orders were current and administered correctly. On 6/06/24 at 11:30 a.m. the Social Services Director and Executive Director confirmed the 90-day nursing reviews for Tenant #1 failed to include information regarding her medications, which were administered by the program.	A 420		

The Oaks Assisted Living

Plan of Correction

RE: Assisted Living Recertification Visit 6-5-24

Preparation and/or exception of the P.O.C. in general, or this correction action, does not constitute action to nor an agreement by the Oaks Assisted Living of any of the cited deficiencies. This P.O.C. is prepared and/or executed to ensure continued compliance with regulatory requirements.

Please find enclosed our Plan of Correction, which constitutes my credible allegation of compliance.

A105- Program Policies and Procedures- completed on 6-10-24

Accident, Incident and Medication Error Reporting Policy was initiated and implemented on 6-10-24.

Staff were educated on 6-6-24 to complete a fall event in Matrix when there was a fall incident.

Program Director/RN Delegator will review and audit monthly.

A340- Staffing- completed on 6-24-24

The Program's Registered Nurse will ensure that certified and noncertified staff are competent to meet the individual needs of tenants.

The Program's newly hired registered nurse completed the within 60 days of hire. RN Delegation procedures were reviewed and completed by the Program's RN on 6-24-24. (RN Delegator was hired on 5-22-24)

A435- Record Checks

The Business Office Manager initiated and completed the record check evaluation process by submitting the appropriate form to the Department of Health and Human Services on 6-6-24. Staff C was taken off the schedule that day until the approval date with DHHS.

Record Check Evaluation approval received on 6-7-24 and Staff C returned to work on 6-10-24.

The Business Office Manager educated and reviewed the record check evaluation process. QA and Office Audits will be monitored monthly.

A140 Evaluation of Tenant

An evaluation will be completed prior to the tenant moving in. This evaluation will be completed by an RN/Program Director. Evaluation consists of completing a health, functional and cognitive evaluation.

An evaluation will be completed within 30 days of move-in as required.

A calendar/schedule has been established to ensure the evaluation is not greater than 30 days.

A145 Evaluation of Tenant-

An Evaluation of tenants will be completed quarterly, annually and with significant changes.

When there is a change in condition, the RN will complete a nurse review, assessment (health, cognitive and functional), and update the service plan with appropriate intervention.

QA audits will be done monthly by the Program Director and RN Delegator.

A360 Service Plans-6/14/2024

The Service Plans will be completed AFTER the completion of evaluations (health, functional and cognitive). Service Plans will be completed prior to move in, within 30 days of move in, and annually.

Tenant #1- Service plan is current and no longer has an order for dressing changes.

Tenant #2- Resident was re-admitted on 5-6-24 with an order for continuation of PT/OT at The Oaks. She met her goals and discontinued PT/OT effective 5-24-24. A new service plan was written effective 6-6-24.

Tenant #3- The service plan was updated on 6-10-24 with her need of personal care services of stand by assistance when bathing.

RN will complete assessments when there is a change in condition. When there is a change in condition, the RN must complete a nurse review, assessment and update the service plan with appropriate interventions.

A420- Nurse Review.

A Nurse Review will be completed at least every 90 days when the program provides health care professional directed care and/or medication administration, or after significant change in tenant's condition.

The nurse will monitor and review the following tenant's health status, review of what has been going on with tenant over the last evaluation period, review of interventions, medication reviews will include: prescription medication orders are current, any medication interactions or with effects and medication changes.

For the Program to ensure future compliance, The RN Delegator and the Director will audit tenant charts monthly.

Sarah Flattery, Administrator

The Oaks Assisted Living at Parkview

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A 105	481-67.2 Program Policies and Procedures 481-67.2 Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to develop and implement policies regarding incident reports. Finding follows:	A 105		

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A 105	Continued From page 1 On 6/05/24 and 6/06/24 record review for Tenant #1, Tenant #2 and Tenant #3 revealed no incident reports On 6/05/24 at 1:48 p.m. the Executive Director (ED) sent an email in response to the request for all tenant incident reports for the past three months. The ED noted incidents/falls were documented in tenant progress notes. When asked for the incident report policy, the ED sent a policy for falls, which contained no information regarding incident reports. On 6/06/24 at 4:00 p.m. the ED verified the program had no incident report policy or incident report forms.	A 105		
A 340	481-67.9(4)a Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview, the Program's Registered Nurse (RN) failed to document an assessment	A 340		

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A 340	Continued From page 2 ensuring staff competency of 2 of 2 long term staff reviewed within the first 60 days of her employment (Staff A, Staff B). Findings include: On 6/05/24 at 11:15 a.m. Staff A stated she had worked at the program for 12 years. She couldn't recall whether the current Registered Nurse (RN) had done a review of her delegation training within 60 days after the RN's hire. On 6/05/24 at 1:15 p.m. Staff B said she had worked at the program for 13 years. She couldn't recall whether the current Registered Nurse (RN) had done a review of her delegation training within 60 days after the RN's hire. On 6/05/24 at 4:00 p.m. the Social Services Director (SSD) and the RN confirmed the hire date for the RN as 3/31/22, but explained she worked at the attached long term care center when hired. She became the RN for the Assisted Living Program (ALP) in the fall of 2022 when the previous ALP RN left the agency. On 6/06/24 at 9:15 a.m. the SSD stated although there was record the RN provided delegation training to both staff A and B on 9/29/23, there was no documentation of a review of their training and competency within the first 60 days of her employment as the ALP RN.	A 340		
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services.	A 435		

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A 435	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to obtain an evaluation from the Department of Health and Human Services prior to hire for 1 of 1 staff reviewed with a history of child abuse (Staff F). Findings include: On 6/05/24 record review revealed Staff C's hire date of 4/12/24. A Single Contact License & Background Check (SING) form was completed on 4/5/24. The child abuse results indicated to initiate the record check evaluation process by submitting the appropriate form to DHS (Department of Human Services). There was no indication in the file the form was ever completed or submitted to DHS (now known as the Department of Health and Human Services) as required. On 6/06/24 at 2:25 p.m. the Business Office Manager confirmed she failed to initiate the record check evaluation process because she had overlooked it on the SING form.	A 435		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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. This REQUIREMENT is not met as evidenced	A 140		

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A 140	Continued From page 4 by: Based on interview and record review, the program failed to complete comprehensive evaluations within 30 days of occupancy for 3 of 3 tenants reviewed (Tenant #1, Tenant #2 and Tenant #3). Findings follow: 1. On 6/06/24 record review revealed Tenant #1 moved to the program on 4/10/23. The record contained initial assessments dated 4/10/23 and annual assessments dated 4/09/24. Assessments completed within 30 days of occupancy could not be located. On 6/06/24 at 11:30 a.m. the Social Services Director (SSD) and Executive Director (ED) confirmed the program failed to complete a comprehensive evaluation within 30 days of occupancy. 2. On 6/05/24 record review revealed Tenant #2's original occupancy date of 10/16/23. The record contained initial assessments dated 10/12/23. Assessments completed within 30 days of occupancy could not be located. On 6/05/24 at 2:15 p.m. the SSD confirmed the program failed to complete a comprehensive evaluation within 30 days of occupancy. 3. On 6/06/24 record review revealed Tenant #3 moved to the program on 4/08/24. The record contained initial assessments dated 4/04/24 and 4/08/24. Assessments completed within 30 days of occupancy could not be located. On 6/06/24 the SSD confirmed the program failed to complete a comprehensive evaluation within 30 days of occupancy	A 140		

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A 145	Continued From page 5	A 145		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to complete comprehensive evaluations for 3 of 3 tenants reviewed who had significant changes (Tenant #1, Tenant #2 and Tenant #3). Finding follow: 1. On 6/06/24 review of Tenant #1's record revealed initial comprehensive assessments completed 4/10/23 and annual assessments completed 4/09/24. No additional comprehensive assessments were located in her record. Tenant #1's nursing note dated 1/27/24 indicated she had an overnight stay in the hospital for kidney surgery. When Tenant #1 returned to the program, her daughter noted she needed dressing changes twice per day. No additional	A 145		

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A 145	Continued From page 6 information was located regarding dressing changes. On 6/06/24 at 11:20 a.m. Tenant #2 recalled she had surgery for a kidney stone in January. She said the program staff did the dressing changes for a period of time after she returned the next day. On 6/06/24 at 11:30 a.m. the Social Services Director and the Executive Director verified the program provided the new service of changing dressings following Tenant #2's surgery in January 2024 and failed to complete new assessments related to the change. 2. On 6/05/24 record review revealed Tenant #2's original occupancy date of 10/16/23. Tenant #2 was hospitalized due to a fracture in mid-April 2024. She was admitted to the attached long term care center on 4/18/24 and returned to the Assisted Living Program (ALP) on 5/06/24. The ALP occupancy agreement dated 10/16/23 contained a note by the Social Services Director (SSD) of a "readmit" on 5/06/24. Assessments to evaluate Tenant #2's health, cognitive and functional status upon her return to the program on 5/06/24 could not be located in her record. On 6/05/24 at 2:15 p.m. the SSD confirmed Tenant #2 returned to the ALP on 5/06/24 after an admission to the long term care center. She said the program did not complete new assessments because there were no changes. On 6/05/24 at 3:45 p.m. the Executive Director (ED) verified the program should have completed a comprehensive evaluation when Tenant #2	A 145		

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A 145	Continued From page 7 returned to the ALP from the long term care center. On 6/06/24 at 10:10 a.m. the SSD provided health and functional assessments for Tenant #2 dated 5/06/24. She said she forgot she had completed the assessments, which were on her desk. The SSD confirmed a cognitive evaluation was not completed. 3. On 6/06/24 record review revealed Tenant #3's moved to the program on 4/08/24. Her initial assessments, dated 4/04/24 and 4/08/24, indicated she would be responsible for managing her own medication. Tenant #3's nursing note on 5/07/24 indicated medical intervention due to increased confusion. According to a nursing note on 5/08/24, Tenant #3's physician requested the program manage Tenant #3's medication. On 6/06/24 at 1:30 p.m. the SSD confirmed the program recently began administering Tenant #3's medication, per request of the family and physician. The program failed to complete new assessments related to this significant change.	A 145		
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	A 360		

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A 360	Continued From page 8 by: Based on interview and record review, the facility failed to update the service plans within 30 days of occupancy or for significant changes for 3 of 3 tenants reviewed (Tenant #1, Tenant #2 and Tenant #3). Finding follows: 1. On 6/06/24 record review revealed Tenant #1's initial service plan dated 4/10/23 and annual service plan dated 4/09/24. No additional service plans were located in her record. Tenant #1's nursing note dated 1/27/24 indicated she had an overnight stay in the hospital for kidney surgery. When Tenant #1 returned to the program, her daughter noted she needed dressing changes twice per day. No additional information was located regarding dressing changes. On 6/06/24 at 11:20 a.m. Tenant #2 recalled she had surgery for a kidney stone in January. She said the program staff did the dressing changes for a period of time after she returned the next day. On 6/06/24 at 11:30 a.m. the Social Services Director and the Executive Director verified the program provided the new service of changing dressings following Tenant #2's surgery in January 2024 and failed to update her service plan related to the change. 2. On 6/05/24 record review revealed Tenant #2's original occupancy date of 10/16/23 and a service plan with the same date. Tenant #2 was hospitalized due to a fracture in mid-April 2024. She was admitted to the attached long term care center on 4/18/24 and returned to the Assisted Living Program (ALP) on 5/06/24. An	A 360		

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A 360	Continued From page 9 updated/new service plan since 10/16/23 could not be located. On 6/05/24 at 2:15 p.m. the SSD confirmed Tenant #2 returned to the ALP on 5/06/24 after an admission to the long term care center. She said the program did not complete a new/update service plan because there were no changes. On 6/05/24 at 3:45 p.m. the Executive Director (ED) verified the program should have updated Tenant #2's service plan when she returned the ALP from the long term care center. The ED confirmed Tenant #2 had physical therapy services for a short time after she returned to the program, which was a change from previous services. 3. On 6/06/24 record review revealed Tenant #3's occupancy date and initial service plan date of 4/08/24. According to her service plan, Tenant #3 needed personal care services of stand by assistance when bathing. A service plan updated within 30 days of occupancy could not be located. On 6/06/23 at 2:00 p.m. the Social Services Director verified the program failed to update Tenant #3's service plan within 30 days of occupancy.	A 360		
A 420	481-69.27(1)a 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:	A 420		

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A 420	Continued From page 10 a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide a 90-day nursing review of medications for 1 of 1 tenants who had resided at the program for over 90 days and received program-administered medication (Tenant #1). Finding follows: On 6/06/24 record review revealed Tenant #1's initial service plan, dated 4/10/23, and her annual service plan dated 4/09/24. Both service plans indicated the program administered Tenant #1's medications. Tenant #3's 90-day nursing assessments dated 7/09/23, 10/07/23, 1/05/24 and 4/09/24 revealed no information regarding monitoring of the medication, such as adverse reactions, medication changes or whether medication orders were current and administered correctly. On 6/06/24 at 11:30 a.m. the Social Services Director and Executive Director confirmed the 90-day nursing reviews for Tenant #1 failed to include information regarding her medications, which were administered by the program.	A 420		