

PRINTED: 02/23/2024
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

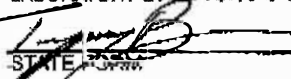
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/11/2023
NAME OF PROVIDER OR SUPPLIER SOLON ASSISTED LIVING VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 623 EAST 5TH STREET SOLON, IA 52333		
(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: 16 Number of tenants with cognitive impairment: 1 Total census: 17 The following regulatory insufficiency was cited during the investigation of Complaint #114747-C.	A 000		
A 155	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to treat tenants with consideration, respect and full recognition of personal dignity and autonomy. This pertained to 2 of 4 tenants interviewed (Tenant #1 and Tenant #2). Findings follow: On 12/11/23 at 12:54 p.m. Tenant #1 stated management informed her former Staff A was no longer allowed on the property as she no longer worked at the facility. She expressed this made her sad because she loved this person and had	A 155	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



STATE OF IOWA

Director of Assisted Living

2/27/2024

0009

PTMB11

If continuation sheet 1 of 2

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/11/2023
NAME OF PROVIDER OR SUPPLIER OLON ASSISTED LIVING VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 623 EAST 5TH STREET OLON, IA 52333		
(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 155	Continued From page 1 been friends with her for many years and other members of her family knew her and were also friends. Tenant #1 reported she called former Staff A regularly and felt she had the right to have whoever she wanted come visit her in her own apartment. She stated former Staff A provided excellent care and treated everyone like family. On 12/11/23 at 1:33 p.m. Tenant #2 reported she maintained a positive relationship with former Staff A and would love to have her over for a visit. She said former Staff A informed her she was not allowed on the property but Tenant #2 said she did not know why. She stated her daughter had the phone number and would call Staff A for her so they could speak to each other. She confirmed she had talked to Staff A in the past week. On 12/11/23 at 2:39 p.m. the Administrator stated former Staff A had exhibited disruptive behavior during a visit after she was no longer employed and she felt it was in the best interest of the tenants to prohibit the former staff from visiting anyone.	A 155			

Solon Assisted Living Village: Plan of Correction for On-Site Visit

12/11/2023

This facility denies the alleged facts as set forth constitutes a deficiency under the interpretation of Federal and State law. The preparation of the following plan of correction for those deficiencies does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusion set forth in statement of deficiencies. The plan of correction prepared for the deficiencies was executed solely because provisions of the State and Federal law.

A 155 481-67.3(1) Tenant Rights**Plan of Correction:****The insufficiencies will be corrected as follows:**

- Regarding tenant #1, #2 and tenants in a similar situation, it is the policy of Solon Retirement Village to treat tenants with consideration, respect and full recognition of personal dignity and autonomy.

The following measures will be taken to ensure the problem does not recur:

- The Program Manager and/or designee will monitor visitor logs to make sure all visitors of resident choice are allowed to visit. A particular visitor may be restricted by the facility if the visitor's behavior is unreasonably disruptive to the functioning of the facility.

The program will monitor performance to ensure compliance as follows:

- The Program Manager and/or designee will monitor visitor logs to ensure compliance over the next six months.

Date deficiencies corrected by: 02/27/2024