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
	S0310	A. BUILDING: _____ B. WING _____	C 10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - TIMBER RIDGE	#2 OAK RIDGE ROAD OTTUMWA, IA 52501

(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. General Population Number of tenants without cognitive disorder: 20 Number of tenants with cognitive disorder: 1 TOTAL census of Assisted Living Program: 21 No regulatory insufficiencies were cited during the investigation of Complaints #107223-C and #107228-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 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 evaluate the functional, cognitive, and health status as needed for 1 of 2 tenants reviewed with a significant change in health status (Tenant #1). Findings follow: Record review on 10/12/22 of Tenant #1's Progress Notes documented on 6/25/22 he suffered a pelvic fracture as a result of a fall and required skilled nursing home care. Continued review revealed he returned to the assisted living on 7/27/22 from skilled care. No functional, cognitive, and health assessments could be located for these changes in health status. On 10/13/22 the Manager confirmed these findings.	A 145		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans based on the required evaluations for 1 of 2 tenants	A 350		

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A 350	Continued From page 2 reviewed with a significant change in health status (Tenant #1). Findings follow: Record review on 10/12/22 of Tenant #1's Progress Notes documented on 6/25/22 he suffered a pelvic fracture as a result of a fall and required skilled nursing home care. Continued review revealed he returned to the assisted living on 7/27/22 from skilled care. No functional, cognitive, and health assessments could be located for these changes in health status. The service plan was not based on required assessments. On 10/13/22 the Manager confirmed these findings.	A 350		