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
	S0326	A. BUILDING: _____ B. WING _____	C 05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF ANKENY MEMO	**1275 SW STATE STREET ANKENY, IA 50023**

(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: 0 Number of tenants with cognitive impairment: 17 Total census: 17 The following regulatory insufficiencies were cited during the investigation of Complaint #116472-C and the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia. ********** 231C.5 Written occupancy agreement required. 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written	A 000		

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A 000	Continued From page 1 copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. This Requirement is NOT MET as evidenced by: Based on interview and record review, the program failed to ensure 1 of 4 tenants reviewed (Tenant #4) signed the occupancy agreement prior to moving into an apartment. Findings follow: On 5/01/24 a review of Tenant #4's face sheet indicated she moved into the program on 12/14/23. Tenant #4's Residency Agreement was signed by Tenant #4 and a representative of the program on 12/19/23. On 5/02/24 the Consultant Registered Nurse confirmed via email Tenant #4 moved into the program on 12/14/23 and the Residency Agreement was signed on 12/19/23, after her date of admission.	A 000	231C.5 Written occupancy agreement All tenants are to have a signed occupancy agreement prior to moving into an apartment. All current resident's files have a signed occupancy agreement at this time. To ensure 100% compliance, the Community Specialist will prepare the occupancy agreement, the Executive Director will get the signatures with the family after signing the service plan, and the Property Administrator will double check the paperwork before finalizing the move-in.	7/25/2024
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by:	A 160		

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A 160	Continued From page 2 Based on interview and record review, the program failed to provide appropriate care to 2 of 4 tenants reviewed (Tenant #3 and Tenant #4). Findings include: 1) Record review on 5/01/24 revealed an incident report (IR) for Tenant #3 dated 3/02/24, which indicated staff found the tenant on the floor. The IR noted Tenant #1 might have injured her left hip, as she was "walking with a limp as well as showing clear signs of discomfort when walking." The IR noted vitals were taken, but no additional assessment was documented. Additional assessment or follow-up regarding the possible hip injury could not be located in nursing assessments or progress notes. On 5/01/24 at 11:00 a.m. the Executive Director and Consultant Registered Nurse (RN) confirmed the lack of timely nursing assessments and follow-up for Tenant #3's fall with possible injury on 3/02/24. The Consultant RN located an assessment of Tenant #3 by the Primary Care Provider (PCP) at the program on 3/07/24. The Consultant RN explained the PCP agency routinely visited the program twice per month to address medical concerns. The Consultant RN contacted the PCP agency and learned there was no record of the program contacting the PCP regarding Tenant #3's fall and requesting an assessment. Tenant #3 had physician's orders identifying she was to have vitals done the first day of each month, initially ordered 7/02/23. She also had an order to have weekly weights on Monday morning, initially ordered on 5/22/23. Additional review of records revealed documented weights for Tenant #3 in 2024 as twice in April, three times in March and one time in February and January.	A 160	A160 Tenant Rights All incidents reported will be followed upon timely. Wellness staff will document in EHR. Wellness staff will notify PCP and family timely of the incident. Wellness Director will review each incident and complete as needed. Executive Director will review and complete to ensure follow up has occurred and ED will sign. Physician orders for vitals/weights are to be entered into the EHR. A list of residents with special vital/weights orders will be maintained in the Wellness Department. Wellness Team Supervisor will monitor list and documentation of vitals/weights to ensure completetion.	7/25/2024 7/25/2024

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A 160	Continued From page 3 Vital signs for April and March could not be located in the record. On 5/01/24 at 1:15 p.m. the Consultant RN verified the program failed to document Client #3's weekly weight. She noted staff routinely documented blood pressure for the tenant, but failed to document all vital signs at the first of the month in March or April. 2) Tenant #4 moved to the program on 12/14/23 according to her face sheet. Her service plan, created 12/13/23 and last updated 1/29/24, indicated staff should document all vital signs monthly, including blood pressure, oxygen saturation, temperature, pulse and weight. Routine vitals signs could not be located in Tenant #4's record. On 5/01/24 on 2:35 p.m. the Consultant RN verified the facility failed to document vital signs for Tenant #4 since December 2023.	A 160	All residents will have vital signs, including blood pressure, oxygen saturation, temperature, respirations, pulse, and weight documented monthly, unless otherwise ordered. Currently, each unit (AL and MC) has a vital binder so staff are aware of their responsibilities for obtaining and documenting vitals and weights in EHR. Wellness Director and/or Wellness Team Supervisor will send reminders to staff for completion of monthly vitals. Wellness Director and/or Wellness Team Supervisor will review binder to ensure vitals have been completed and entered into EHR.	7/25/2024
A 370	481-69.26(3)a 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. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	A 370		

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A 370	Continued From page 4 program failed to update the service plan for 1 of 4 tenants who experienced a significant change (Tenant #2) or obtain a signed service plan for 3 of 4 tenants reviewed (Tenant #2, Tenant #3 and Tenant #4). Findings follow: 1) Record review on 5/1/24 of a progress note for Tenant #2 dated 3/15/24 revealed she sustained a fall. A progress note for Tenant #2 dated 3/19/24 documented she fell in her bathroom after her leg gave out. Tenant #2 expressed pain in her leg which radiated up her back. The Licensed Practical Nurse (LPN) contacted Tenant #2's guardian and primary care provider (PCP) and received orders for x-rays. The x-rays were completed and forwarded to the PCP on 3/19/24. On 3/21/24, the program received a fax from the PCP prescribing pain medication for Tenant #2 as well as physical therapy and occupational therapy. The LPN contacted Tenant #2's guardian who requested to only pursue pain management and physical therapy. Tenant #2 met with her Primary Care Provider on 3/28/24. The PCP noted Tenant #2 had a fall with a questionable vertebral fracture. The PCP noted Tenant #2's gait was unsteady and she used a walker. Tenant #2 was also noted to have experienced an unresponsive episode and appeared to be in seizure-like activity. On 4/15/24, documentation in progress identified Tenant #2 was noted to have an increase in pain with decreased functioning and mobility with activity. Tenant #2's physical therapist reported she noticed Tenant #2 had increased pain. On 4/30/24, Tenant #2 presented with a bright red sclera and orbital bruising which extended above	A 370	A370 Service Plan Regional Wellness Director inserviced Wellness Director on Standard Operation Procedure, WE008 Change in Resident Condition and Stop and Watch Tool. Wellness Director understands that if there is a significant change in conditions including new third party services, will update service plan accordingly. Wellness Director and/or Wellness Team Supervisor will inservice wellness/care staff on significant changes in resident's condition and the Stop and Watch Tool. If there is a report of a change in condition of a resident, wellness/care staff will report the information to the Wellness Director. If there is a significant change the Wellness Director will complete a new evaluation. The Wellness Director will update the service plan accordingly. Wellness Director will review the service plan with resident and or family member and obtain signature of agreement.	7/25/2024

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A 370	Continued From page 5	A 370		

the right brow. When staff asked Tenant #2 what occurred, Tenant #2 stated she bumped her head and it always happened.

Tenant #2 had a service plan dated 1/29/24. The service plan was not signed. Tenant #2 was noted to be independent with all tasks related to mobility. She required reminders for meals and transfers. Tenant #2 had a fall intervention to keep pathways free and clear of clutter.

Tenant #2's service plan was not updated following her injuries on 3/5/24, 3/19/24 or 4/15/24 to add additional interventions to keep her safe. The service plan was not updated to address the addition of physical therapy. The service plan did not identify her seizure-like activities with any needed interventions.

On 5/1/24 at 3:10 PM, the Consultant Registered Nurse confirmed the service plan should have been updated. The 1/29/24 service plan should have been signed.

2) Record review on 5/01/24 revealed Tenant #4's Service Plan, which was not signed by any party. According her face sheet, Tenant #4 moved to the program on 12/24/23. The majority of the goals and tasks were created on 12/13/23, with a revision related to physical therapy services noted on 12/19/23 and a new goal/task related to behavior medication created 1/29/24.

On 5/01/24 at 2:35 p.m. the Executive Director confirmed she was unable to locate a signed service plan for Tenant #4.

3) Record review on 5/01/24 revealed Tenant #3's most recent service plan, dated 4/29/24, which was not signed by any party.

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A 370	Continued From page 6 On 5/01/24 at 10:55 a.m. the Executive Director stated she didn't have a signed service plan for Tenant #3. When asked who developed the service plan, the Executive Director said she would check. During a follow up interview at 1:15 p.m. the Executive Director said she was unable to locate a signed service plan for Tenant #3.	A 370		