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
	S0327	A. BUILDING: _____ B. WING _____	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENS	2355 HAMILTON CIRCLE AMES, IA 50014

(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 disorder: 14 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 14 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	Preparation and/or submission of the plan of correction does not constitute an admission or agreement by this provider that the violations existed, exist or that the insufficiencies are correctly cited. The preparation and/or submission is not to be construed as an admission of guilt against the facility, affiliates, employees or other individuals who prepared or submitted the Plan of Correction. This submission of the Plan of Correction is for the sole purpose to abide by the requirements of federal and/or state law.	
A 270	481-67.5(2)f(1) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced	A 270	POC 2/8/22	

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A 270	Continued From page 1 by: Based on interview and record review, the program failed to ensure 2 of 3 staff members reviewed completed the required medication aide or medication manager course as required (Staff A and Staff B). Findings follow: Record review on 1/6/22 revealed the following: Staff A was hired on 5/29/20. No medication manager training was completed until 3/23/21. Staff B was hired on 6/30/20. No medication manager training was completed until 3/23/21. The Administrator confirmed these findings at 11:00 AM on 1/6/22.	A 270	The community has added a performance improvement project (PIP), ensuring staffs ' Medication Manager Course is complete, under the quality assurance performance improvement plan (QAPI). The Director of Human Resources or designee will update QAPI for two quarters. Conjoining with this, the community altered the new hire training process for eligibility to pass medications. Both Staff A and Staff B have the necessary medication management training complete. All current Assisted Living staff have met the necessary training.	
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update service plans based on the identified needs and preferences for 1 of 2 tenant's reviewed (Tenant #1). Findings follow: Record review on 1/6/22 revealed Tenant #1 had a diagnoses of repeated falls, traumatic ischema of muscle, unsteadiness on feet, weakness, muscle weakness, general osteoarthritis and disc degeneration.	A 395		

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A 395	Continued From page 2 Record review of incident reports revealed staff documented falls for Tenant #1 on 9/20/21, 10/22/21, and 11/3/21. The 90-day review for Tenant #1 dated 12/29/21 noted two falls since the last review. After each fall, staff noted Tenant #1 walked without her walker. The RN placed reminder signs to use walker around Tenant #1's apartment. The RN noted Tenant #1 walked out of her apartment to the RN's office without a walker. Staff provided several reminders to use her walker. On 10/5/21 Tenant #1's physician referred her to be evaluated by physical therapy for a gait disturbance. Review of Tenant #1's outpatient physical therapy evaluation and plan of treatment dated 10/13/21 revealed she experienced four falls since 6/4/21. She experienced falls on 8/16/21, 9/20/21 and 9/22/21. Continued review documented she received skilled nursing care from 7/20/21 to 8/11/21. Tenant #1 received physical therapy from 10/13/21 to 11/22/21. They recommended using the walker at all times and encouraged participate in the program's exercise group four times a week. Review of Tenant #1's Service Plan dated 9/30/21 revealed she ambulated unassisted with her walker used as needed. The service plan failed to include her history of falls, interventions encouraging use of her walker, and physical therapy services. The Administrator confirmed these findings on	A 395	The Assisted Living Coordinator assessed Tenant #1 and added a clinical note regarding the history of falls, interventions encouraging use of their walker, and physical therapy services. Tenant #1 service plan was updated with of discontinuation of physical therapy intervention on January 7th, 2022.The procedure for service plan changes was reviewed and updated on January 8th. The community implemented a check list to ensure that service providers, changes to baseline levels, service plan changes, and all incidents are included in clinical notes of a tenants' chart.	

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A 395	Continued From page 3 1/6/22 at 11:30 AM.	A 395		