

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/09/2021
NAME OF PROVIDER OR SUPPLIER GRAND JIVANTE - THE LOFTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1008 2ND AVENUE ACKLEY, IA 50601		
(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 Program Number of tenants without cognitive disorder: 8 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 8 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. No regulatory insufficiencies were cited during the onsite infection control survey.	A 000		
A 345	481-67.9(4)b 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program's registered nurse (RN) failed to document a review within 60 days of hire to ensure staff are sufficiently trained and	A 345		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 345	Continued From page 1 competent in all tasks assigned or delegated. This pertained to 1 of 1 staff reviewed requiring RN delegations (Staff A). Findings follow: Record review on 6-9-21 of Staff A's file revealed a hire date of 9/4/19. RN delegations could not be located. The Director of Nursing confirmed these findings on 6-9-21 at 10:10 a.m.	A 345		
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 by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status within 30 days of occupancy for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review on 6-9-21 of Tenant #1's file revealed he was admitted on 2-1-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The Director of Nursing confirmed these finding on 6-9-21 at 1:13 p.m.	A 140		

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A 350	Continued From page 2	A 350		
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 within 30 days of occupancy for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review on 6-9-21 of Tenant #1's file revealed he was admitted on 2-1-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The program failed to update the service plan based on the required assessments. The Director of Nursing confirmed these finding on 6-9-21 at 1:13 p.m.	A 350		
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. To monitor, at least every 90 days, or after a	A 420		

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A 420	Continued From page 3 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 complete a nurse review as required at least every 90 days for 1 of 2 tenants reviewed (Tenant #2). Findings follow: Record review of Tenant #2's file revealed an annual comprehensive assessment and updated service plan completed 1-21-21. Further review revealed a 90 day nurse review completed 5-14-21. The Director of Nursing confirmed on 6-9-21 at 1:49 p.m. she failed to complete the 90 day nurse review on time.	A 420		