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
	S0334	A. BUILDING: _____ B. WING _____	06/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTSIDE ASSISTED LIVING SUITES	110 ELY STREET CLARKSVILLE, IA 50619

(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: 10 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 10 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 6/10/21. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
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 develop service plans that reflected identified needs for 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review on 6-10-21 of Tenant #1's file revealed diagnoses including urinary tract infection (UTI), unilateral primary osteoarthritis, left knee and benign paroxysmal vertigo, bilateral.	A 395	The Assisted Living Director and or Designee will complete and document a complete chart audit on a minimum of a quarterly basis or anytime a significant change assessment is indicated. The audit will include tenant care plans, electronic health record, and tenant charts. A checklist has been created to ensure that all charts are complete and accurate. The audit findings will be presented to and discussed during the facility's Quality Assurance Meetings. 7/20/21	7/23/21

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

7/14/21

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A 395	Continued From page 1 Resident Progress Notes indicated the following: - On 3-24-21 it was noted staff found Tenant #1 on the floor next to her dining room chair. - On 3-24-21 it was noted a fax was sent to the primary care provider (PCP) for notification of the fall and a request for a therapy referral. - On 3-26-21 it was noted a return fax was received and physical therapy (PT) could see Tenant #1. - On 4-16-21 it was noted Tenant #1 was found seated on her floor next to the kitchen. Tenant #1 reported she slid out of her recliner and crawled over to try and stand up. - On 4-19-21 it was noted a nurse review was completed for a post fall assessment. Tenant #1 continued to see PT as a fall intervention. She was noted to be impulsive at times regarding movement and ambulation per PT and staff. Tenant #1 was encouraged to make slower movements and to ask for assistance in picking things up off the floor. - On 4-27-21 it was noted a nurse review was completed for new orders received at Tenant #1's clinic appointment on 4-26-21. Tenant #1 received an intramuscular dose of Rocephin in the clinic office for a UTI. - On 6-8-21 it was noted Tenant #1 was observed lying on the floor on her back in front of the television. She reported she got on the floor to clean a spot on the carpet and could not get back up. She was assisted up with staff two staff, a walker and a gait belt. Continued record review revealed the service plans dated 4-19-21 and 5-6-21 were not updated and did not reflect PT services, a fall history or the UTI and treatment. 2. Record review on 6-10-21 of Tenant #2's file	A 395		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 395	Continued From page 2 revealed diagnoses including essential (primary) hypertension and atherosclerotic heart disease of native coronary artery (without angina pectoris). Resident Progress Notes indicated the following: - On 6-1-21 it was noted new orders were received from Tenant #2's appointment at the clinic. - On 6-3-21 it was noted a nurse review was completed regarding orders received for daily weights and to decrease Lasix. Tenant #2 reported not feeling well and said her back hurt and nose was running. Tenant #2's weights were reviewed and a one pound weight decrease from the previous day was noted. Continued record review revealed orders from the PCP dated 6-1-21 to decrease furosemide to 20 milligram one tablet daily, check her blood pressure and do vitals three times per week, take daily weights and call if there was a 3 pound weight gain in 24 hours or a 5 pound total weight gain from her baseline weight. Further record review revealed the service plan dated 5-4-21 was not updated and did not reflect staff assistance with daily weights and blood pressure/vitals three times per week. 3. When interviewed on 6-10-21 at 2:59 p.m. the Nurse Coordinator/Director confirmed the above finding.	A 395		