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
	S0350	A. BUILDING: _____ B. WING _____	C 10/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE MEMORY LANE	100 BOLGER DRIVE FAYETTE, IA 52142

(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: 11 Total census: 11 No regulatory insufficiencies were cited during the investigation of Complaint #104972-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for a Dementia-Specific 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	A 145	The evaluation of tenants will now include a cognitive status and again 30 days after admission. This is also reflected in PCC which is our healthcare software. The software will now trigger when updates are due. The RN will complete a chart audit to ensure all are corrected, and place the future dates in PCC. This process will be implemented on all future admissions. Audit will be complected for all current tenants by: 1/29/23	

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

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
	S0350	A. BUILDING: _____ B. WING _____	C 10/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE MEMORY LANE	100 BOLGER DRIVE FAYETTE, IA 52142

(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 145	Continued From page 1 Program failed to evaluate the tenant's health, functional, and cognitive status for 3 of 3 tenants reviewed (Tenants #1, #2, and #3). Findings include: On 10/25/22 a review of Tenant #1's record revealed an admission date of 6/23/21. Tenant #1's last full set of evaluations which included health, functional, and cognitive status was completed during the 30-day review on 7/23/21. As of 10/25/22, no annual evaluations had been completed for 2022. On 10/25/22 a review of Tenant #2's record revealed an admission date of 3/10/20. Tenant #2's last full set of evaluations which included health, functional, and cognitive status was completed during the 30-day review on 4/1/21. As of 10/25/22, no annual evaluations had been completed for 2022. On 10/25/22 a review of Tenant #3's record revealed an admission date of 1/4/21. Tenant #3's last full set of evaluations which included health, functional, and cognitive status was completed during the 30-day review on 2/4/21. As of 10/25/22, no annual evaluations had been completed for 2022. On 10/25/22 at 2:00 pm, the Registered Nurse confirmed the above findings.	A 145		
A 390	481-69.26(3)e 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 390	The service plan of tenants will now be reviewed at 30 days after admission. The RN will place reminders on a calendar as a reminder as well. The RN also has created a check list to ensure all documents are being updated. The RN will complete a chart audit to ensure all are corrected. This process will be implemented on all future admissions. Audit will be complected for all current tenants by: 1/29/23	

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
	S0350	A. BUILDING: _____ B. WING _____	C 10/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE MEMORY LANE	100 BOLGER DRIVE FAYETTE, IA 52142

(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 390	Continued From page 2 e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to update the service plan at least annually for 3 of 3 tenants reviewed (Tenants #1, #2, and #3). Findings include: On 10/25/22 a review of Tenant #1's record revealed an admission date of 6/23/21. Tenant #1's last service plan was completed during the 30-day review on 7/23/21. No updated service plan could be located. On 10/25/22 a review of Tenant #2's record revealed an admission date of 3/10/20. Tenant #2's last service plan was completed during the 30-day review on 4/1/21. No updated service plan could be located. 3. On 10/25/22 a review of Tenant #3's record revealed an admission date of 1/4/21. Tenant #3's last service plan was completed during the 30-day review on 2/4/21. No updated service plan could be located. On 10/25/22 at 2:00 pm, the Registered Nurse confirmed the above findings.	A 390		

✓ 3/31/23