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
	S0357	A. BUILDING: _____ B. WING _____	C 01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITES OF ANKENY	420 NW ASH DRIVE 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 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: 33 Number of tenants with cognitive disorder: 2 Total census of Assisted Living Program: 35 The following regulatory insufficiency was cited during the investigation into Incident #114254-M.	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 address 1 of 2 tenants' identified needs and preferences on the Service Plan (Tenant #2). Finding follows: Record review on 1/3/24 of Tenant #2's service plan (dated 6/1/23) identified she needed staff assistance with bathing two times a week. Tenant #2 needed minimal assistance with buttons but was otherwise independent with dressing. Tenant #2 was independent with her walker and staff could assist as needed. A review of Injury Reports for Tenant #2 identified she was assessed in the orthopedist's office on	A 395		

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A 395	Continued From page 1	A 395		

5/24/23. Tenant #2 was diagnosed with a right index finger fracture. Tenant #2 was to wear a splint full-time which could be removed for hand hygiene. Tenant #2 was not to use her right index finger. Tenant #2 could use her walker with the assistance of staff or the physical/occupational therapist. Tenant #2 could bear weight through the palm and wrist but no weight through the index finger. Staff were to check Tenant #2's skin 2-3 times a day. These needs were not addressed on her service plan.

Tenant #2 returned to the doctor on 6/21/23 and was instructed she could begin light use of her finger, but still required staff assistance with using her walker.

She experienced another fracture, to her right thumb distal phalanx, and was seen by her medical provider on 8/16/23. The doctor provided the program with orders Tenant #2 was not to use her thumb and needed assistance with dressing (especially pulling up her pants) and with other activities of daily living which required use of her thumb.

On 9/15/23, the program was informed Tenant #2 required a coban dressing over the top of her splint at the top of her finger and around the thumb splint. There was no documentation on the service plan or in the Medication Administration Record indicating Tenant #2 received this treatment.

When interviewed on 1/2/23 at 1:30 PM, Staff A reported Tenant #2 was getting slower due to her Parkinson's disease. One aide was pulling down Tenant #2's pants before she was even to the toilet. Tenant #2 was in the elevator with another staff. Tenant #2 was tired but the staff member

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told the tenant she could not sit down on her walker. Staff A reported these concerns to the Program Director.

When interviewed on 1/2/23 at 1:50 PM, Staff B stated she's heard a lot of reports recently that two staff were rude when they entered Tenant #2's apartment. Tenant #2 fell recently when she was rushed walking to the bathroom. Tenant #2 was showering and said she could not stand anymore. Staff would not let her sit down and she fell.

When interviewed on 1/3/23 at 8:20 AM Tenant #2 recalled incidents in which she was in the shower and a staff member told her she needed to stand but Tenant #2 always sat during her showers. Tenant #2 said she broke two fingers on her hand. She was supposed to have the hand wrapped. This lasted for a few days and then was not continued. Tenant #2 supposed it was her fault for not insisting she got the treatments because if you don't ask for things there you won't get them. Tenant #2 wasn't supposed to use her broken finger and staff told her she should be able to dress herself and pull her pants up and down when using the toilet. Tenant #2 could not understand why some staff did not know what her needs were.

When interviewed on 1/3/23 at 1:30 PM the Program Director confirmed Tenant #2's service plan did not address her preferences or needs.