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
	S0359	A. BUILDING: _____ B. WING _____	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK CREEK SENIOR LIVING	3602 NW 5TH STREET 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 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: 41 Number of tenants with cognitive impairment: 27 Total census: 68 No regulatory insufficiencies were cited during the investigation Incidents #113298-I. The following regulatory insufficiencies were cited during the investigation of Incident #117415-I.	A 000		
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: Baaed on interview and record review the Program failed to update service plans as needed for 1 of 2 tenants reviewed (Tenant #1). Findings follow: An Incident Report dated 12/7/23 revealed staff received a phone call from the Ankeny Police	A 350	The Plan of Correction is attached	

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
	S0359	A. BUILDING: _____ B. WING _____	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK CREEK SENIOR LIVING	3602 NW 5TH STREET 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 350	Continued From page 1 Department around 5 a.m. The police said they had Tenant #1 and she could not remember how to get back into the building after leaving to go walk her dog. Staff A let them in the front door and reported Tenant #1 expressed confusion on how to get back inside the building since the doors were locked from the outside after hours. Record review of Tenant #1's comprehensive resident evaluation and service plan completed on 11/18/23 revealed she required status checks during the day and night. There was no indication of how often these status checks were to occur. Review of the 15 Minute Checks documents showed Tenant #1 was placed on 15 minutes since the incident on 12/7/23. The service plan was not updated to indicate the need for the 15 minute checks. On 1/18/24 at 10:18 a.m. the Executive Director confirmed these findings.	A 350		

Plan of Correction

Rock Creek Senior Living
3602 NW 5th Street
Ankeny, IA 50023
515-850-1718

On 1/18/2024 State Surveyor notified Executive Director of a concern regarding a service plan insufficiency for Tenant #1. Tenant #1 was out of the community at the hospital at the time of the state investigation; the service plan had been closed and could not be updated to reflect the corrected information. This tenant did not return to Rock Creek as she needed a higher level of care.

A re-education on policy and procedures was done with the Director of Wellness on March 1, 2024 on ensuring that service plans are updated timely and reflected correct information.

Due to this discovery, the wellness nurses are reviewing all current residents services plans to ensure all information is accurate and reflected. All current service plans will be reviewed by the wellness nurses for accurate information by 4/30/2024.

Future service plans will be reviewed by wellness nurses at a minimum of every 6 months for stable residents, or upon the completion of the comprehensive assessment or upon a significant change.

The Executive Director will review the service plan audits monthly to ensure that policy and procedure is being followed and service plans are being completed and updated timely.

Holly Perkins, Executive Director

March 10,2024

✓ 6/27/24