

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IASA002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2023
NAME OF PROVIDER OR SUPPLIER NORTH IOWA ELITE MENTAL HEALTH SERVIC		STREET ADDRESS, CITY, STATE, ZIP CODE 1440 W DUNKERTON ROAD WATERLOO, IA 50703		
(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 The following deficiency was cited during the survey conducted to determine compliance with licensing rules for a Subacute Mental Health Care Facility.	A 000	To Whom It May Concern: We have corrected the cited deficiency and our plan of action is as follows: 1. The treatment plan performed by the mental health professional has a section entitled "Patient Strengths" where individual patient strengths are listed and discussed. This is done upon any admission to the subacute program. 2. The program coordinator, Luke Lacina, is responsible for ensuring that the deficiency is corrected and does not reoccur. Monitoring method will be via chart review on every resident admitted to ensure this section is performed. 3. Effective- 06/01/2023 Sincerely, Amber Lacina, BSN, RN, MSN, APMHNP Medical Director	6/14/23
A 705	481-71.14(2)d Treatment Plan 71.14(2) The treatment plan must be documented in the resident's record and must include the following: d. Problems and strengths of the resident that are to be addressed. This REQUIREMENT is not met as evidenced by: Based on interview and record reviews, the facility failed to include all problems and strengths within the treatment plan for 1 of 2 current residents (Resident #2) and 5 of 5 former residents reviewed (Resident C1, Resident C2, Resident C3, Resident C4, and Resident C5). Findings include: 1. On 5/30/23, a review of Resident #2's record revealed an admission date of 5/24/23. A treatment plan was created on 5/24/23. The 5/24/23 treatment plan indicated the resident's identified problem areas, but failed to include the resident's identified strengths. 2. On 5/30/23, a review of Resident C1's record revealed an admission date of 9/20/22. A treatment plan was created on 9/20/22. The 9/20/22 treatment plan indicated the resident's identified problem areas, but failed to include the resident's identified strengths. 3. On 5/30/23, a review of Resident C2's record	A 705		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 705	<p>Continued From page 1</p> <p>revealed an admission date of 12/12/22. A treatment plan was created on 12/12/22. The 12/12/22 treatment plan indicated the resident's identified problem areas, but failed to include the resident's identified strengths.</p> <p>4. On 5/30/23, a review of Resident C3's record revealed an admission date of 9/19/22. A treatment plan was created on 9/19/22. The 9/19/22 treatment plan indicated the resident's identified problem areas, but failed to include the resident's identified strengths.</p> <p>5. On 5/30/23, a review of Resident C4's record revealed an admission date of 12/29/22. A treatment plan was created on 12/29/22. The 12/29/22 treatment plan indicated the resident's identified problem areas, but failed to include the resident's identified strengths.</p> <p>6. On 5/30/23, a review of Resident C5's record revealed an admission date of 1/28/23. A treatment plan was created on 1/28/23. The treatment plan did have a typo showing the date as 1/28/22, but the Administrator confirmed this date was not correct on 5/30/23 at 1:58 pm. The 1/28/23 treatment plan indicated the resident's identified problem areas, but failed to include the resident's identified strengths.</p> <p>7. On 5/30/23 at 1:45 pm, the Program Coordinator confirmed the above findings.</p>	A 705		