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
	S0240	A. BUILDING _____ B. WING _____	C 08/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALDEN POINT	1200 FOURTH STREET DES MOINES, IA 50314

(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	481-67 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. General Population Program Number of tenants without cognitive disorder: 50 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 50 TOTAL census of Assisted Living Program: 50 The following regulatory insufficiency was cited during the investigation of Complaint #61296-C:	A 000	See attached Plan of Correction	
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on observations and review of tenant documents, the Program did not ensure tenants received personal cares and services as directed by service plans. Tenants did not receive care, treatment and services which were adequate and appropriate. Findings include: Tenant #1, an 85 year-old, was admitted on	A 013		

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A 013	Continued From page 1 6-16-16 with diagnoses including dementia with lewy bodies and a pressure ulcer. Tenant #1's service plan stated the Program would provide bathing assist until Mercy Home Health was able to assume cares. The tenant was admitted on 6-16-16. Review of a document from Mercy Home Health and signed by Tenant #1's physician stated the following, "Home Health Aide to perform personal care and tasks as assigned on the HHA (Home Health Aide) plan of care. HHA to begin week of 6/29/16". Review of the Program's document for service items revealed bathing assist was checked no. The Program could not provide documentation or evidence that staff provided bathing assist for 13 days. The Program did not ensure the tenant recieved care, treatment and services that were adequate and apporpriate.	A 013		

Walden Point

Affordable Assisted Living

September 1, 2016

Deb Dixon
Department of Inspections and Appeals
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Walden Point Assisted Living, I respectfully submit our Plan of Correction outlining corrective measures for the Report dated August 26, 2016. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Tenant Rights – To receive care, treatment and services which are adequate and appropriate.

1. Elements detailing how the program will correct each regulatory insufficiency.

    - The RN will review the service plan with Tenant #1 to ensure service plan is accurate and meets all identified needs and requests for assistance. This includes assistance with bathing.

2. What measures will be taken to ensure the problem does not recur.

    - The RN will be re-educated on procedures to notify staff of services to be provided to the tenant per the service plan.

9/7/16

3. How the program plans to monitor performance to ensure compliance.

- The RN will review interventions for effectiveness at least every 90 days and will make necessary updates to the service plan as required or requested by the tenant.

4. The date by which the regulatory insufficiency will be corrected.

- The regulatory insufficiency will be corrected on or before September 23, 2016.

Please feel free to contact me 515-288-9985 with any questions you may have. Thank you.

Sincerely,

Kymberly Stevenson
Administrator

1200 4th Street, Des Moines, IA 50314
(P) 515-288-9985 (F) 515-288-9985