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
	S0371	A. BUILDING: _____ B. WING _____	C 11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR AT JORDAN CREEK ALP/D	525 SOUTH 60TH STREET WEST DES MOINES, IA 50266

(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: 1 Number of tenants with cognitive impairment: 23 Total census: 24 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program No regulatory insufficiencies were cited during the investigation of Complaints #114837-C and #116590-C.	A 000		
A 315	481-67.7(2)a Waiver of Criteria for Retention 67.7(2) Waiver petition procedures. The following procedures shall be used to request and to receive approval of a waiver from criteria for the retention of a tenant: a. A program shall submit the waiver request on a form and in a manner designated by the department as soon as it becomes apparent that a tenant exceeds retention criteria pursuant to an evaluation by a health care or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to submit a waiver for level of care	A 315	POC—All changes of condition will be discussed during daily clinical meeting. Waivers needed will be immediately requested from DIA and copied to the Executive Director. A notation will be recorded in the electronic chart. If the waiver is granted it will be noted in the chart and on the care plan.	

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A 315	Continued From page 1 as warranted for 2 of 2 tenants reviewed who exceeded level of care (Tenant #2 and Tenant #3). Findings follow: Record review of tenant files on 11/20/23 revealed the following: 1. Tenant #3's Service Plan dated 7/2/23 revealed she received hospice care and required the assistance of 2 staff for transfers. 2. Tenant #4's Service Plan dated 6/5/23 revealed she received hospice care and required the assistance of 2 staff for transfers. On 11/20/23 at 3:52 p.m. Executive Director (ED) stated an audit was completed on 6/16/23 and discovered some tenants on hospice exceeded level of care. The former nurse was instructed to submit waiver applications for them but never followed through. The ED reported they submitted waiver applications for Tenants #2 and #3 during the on-site visit and were pending review.	A 315		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a child and dependent	A 400	POC—Executive Director will review each background prior to employment to ensure check completed correctly and will meet compliance. Employer has audited all current employee files and brought them into compliance.	

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A 400	Continued From page 2 adult abuse background check prior to employment for 1 of 7 staff reviewed (Staff A). Findings follow: Record review of staff files on 11/6/23 revealed Staff A was hired 4/21/21. A Single Contact License and Background Check was completed for a criminal history on 4/7/21. No backgound checks for child or dependent adult abuse could be located. On 11/6/23 at 2:44 p.m. the Executive Director confirmed these findings.	A 400		
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to request an evaluation for a criminal charge from the Department of Health and Human Services (HHS) prior to employment for 2 of 2 staff reviewed with a criminal history (Staff B and Staff C). Findings follow: Record review of staff files on 11/6/23 revealed the following: 1. Staff B was hired 10/31/22. A Single Contact License and Background Check was completed 10/28/22 which revealed a criminal charge. No evaluation completed by HHS to determine if the	A 435	POC—Executive Director will review all background checks. Any criminal charges that appear, are to be sent through HHS. Employee will not start working until HHS has given written approval for them to work. Employer has audited all current employee files and brought them into compliance	

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A 435	Continued From page 3 person could work at the Program could be located. 2. Staff C was hired 6/1/23. A Single Contact License and Background Check was completed 6/1/23 which revealed a criminal charge. No evaluation completed by HHS to determine if the person could work at the Program could be located. On 11/6/23 at 2:44 p.m. the Executive Director confirmed these findings.	A 435		
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 Program failed to evaluate the functional, cognitive, and health status as warranted for 2 of 2 tenants reviewed with a significant change in health status (Tenant #1 and Tenant #2). Findings	A 145	POC—Changes of condition will have a full evaluation completed by the RN. This evaluation will include functional, cognitive and health assessments. This change will be presented to the resident and his POA.	

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A 145	Continued From page 4 follow: Record review of tenant files on 11/20/23 revealed the following: 1. Tenant #1's Progress Notes dated 8/16/23 noted a waiver was granted for him to remain in the community as he exceeded level of care. On 8/23/23 orders were received for a mechanical soft diet with nectar thick liquids. No functional, cognitive, and health assessments could be located for these changes in health status. 2. Tenant #2's Progress Notes dated 9/14/23 indicated an evaluation for admission to hospice care. No functional, cognitive, and health assessments could be located for this change in health status. The Executive Director confirmed these findings on 11/20/23 at 3:52 p.m.	A 145		
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: Based on interview and record review the Program failed to update service plans based on	A 350	After completion of a full assessment, and ISP will be updated, reviewed, and signed by the team and the resident or POA. This will happen for all change of conditions, or upon regular assessments. New orders pertaining to care will also be updated on the ISP.	

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A 350	Continued From page 5 the required evaluations for 2 of 2 tenants reviewed with a significant change in health status (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 11/20/23 revealed the following: 1. Tenant #1's Progress Notes dated 8/16/23 noted a waiver was granted for him to remain in the community as he exceeded level of care. On 8/23/23 orders were received for a mechanical soft diet with nectar thick liquids. No functional, cognitive, and health assessments could be located for these changes in health status. The service plan failed to be based on the required assessments. 2. Tenant #2's Progress Notes dated 9/14/23 indicated an evaluation for admission to hospice care. No functional, cognitive, and health assessments could be located for this change in health status. The service plan failed to be based on the required assessments. The Executive Director confirmed these findings on 11/20/23 at 3:52 p.m.	A 350		