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 08/29/2024

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: 0 Number of tenants with cognitive impairment: 21 Total census: 21 There were no regulatory insufficiencies cited during the investigation of Complaint #118624-C. The following regulatory insufficiencies were cited during the investigation of Complaint #119966-C.	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: Based on interview and record review the Program failed to ensure service plans were based on evaluations for 1 of 2 former tenants reviewed (Tenant C-1). Findings include:	A 350	-Service plan changes will be compared and audited with assessment during morning clinical team meetings. ED will sign after verification of service plan tasks, scheduling, and MAR updates are in place by wellness team.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 350	Continued From page 1	A 350		

1. Review of Tenant C-1's quarterly evaluation completed by the Wellness Director on 2/15/24 revealed his weight loss was noted as significant. The goal in the evaluation noted weight changes would be monitored and a treatment plan identified.

The tenant's Weights and Vitals Summary sheet documented his weight was noted at 185.6 pounds (standing) on 5/25/23. On 3/15/24 his weight was noted at 153.1 pounds (standing) for a difference of 32.5 pounds.

Review of observation notes revealed on 3/07/24 Tenant C-1 was seen by his primary care provider (PCP) who ordered an increase his Boost Supplement to three times a day for weight loss. Staff were to continue to monitor and report behaviors to the PCP.

Tenant C-1's Medication Administration Record (MAR) for March 2024 revealed the order to increase his Boost to three times a day had not been recorded. The MAR continued to reflect the nutritional drink at one a day.

The tenant's service plan, last reviewed 2/15/24, revealed Weight Loss/Gain Treatment and Monitoring was an item of focus. The goal reflected weight changes would be monitored and a treatment plan identified. The Interventions section was blank. There was no documentation of the tenant receiving nutritional drinks due to weight loss.

2. Review of progress notes revealed on 2/15/24 Tenant C-1's significant other requested the program perform hourly overnight checks.

The tenant's quarterly evaluation dated 2/15/24

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A 350	Continued From page 2 revealed staff were to complete wellness checks 6 to 8 times a night to ensure the tenant was safe and in bed. The evaluation indicated daytime wellness checks were to be completed 3 to 4 times a shift for safety. Review of Tenant C-1's service plan revealed community team members were to assist with daytime wellness checks and nighttime wellness checks. The frequency of these checks, as indicated on the quarterly evaluation, were not included on the service plan. 3. The tenant's quarterly evaluation dated 2/15/24 revealed community team members were to assist with toileting/incontinency needs. Staff were to cue the tenant to use the toilet 3 to 4 times a shift in order to remain clean and dry. The tenant's service plan identified community team members would assist with toileting needs. The frequency of these checks, as indicated on the quarterly evaluation, were not included in the service plan. 4. On 8/29/24 at 3:52 p.m. the Registered Nurse confirmed these findings.	A 350		