1/17/19 OK 11/7/19

PRINTED: 01/08/2019
FORM APPROVED

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
	S0374	A. BUILDING: _____ B. WING _____	C 11/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOURNEY SENIOR SERVICES	17504 MAHOGANY AVENUE CARROLL, IA 51401

(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. General Population Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 2 TOTAL Census of Assisted Living Program for People with Dementia: 4 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia. The following regulatory insufficiencies were cited during the Investigation of Complaint #79424-C.	A 000	See attached plan POC 11/28/18	
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse 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:	A 118	See attached plan	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Nancy Snyder, Admin — (X6) DATE: 1-9-19

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A 118	Continued From page 1 Based on interview and record review the Program failed to complete dependent adult abuse and child abuse record checks prior to employment. This pertained to 4 of 4 staff reviewed (Staff A, B, C, and D). Findings follow: Review of Staff A's file revealed a hire date of 6-13-18. Further review revealed Single Contact License and Background Check criminal history completed 5-29-18 required further research. Continued review revealed Iowa Department of Human Services dependent adult abuse record check completed 6-15-18, as well as a child abuse and dependent adult abuse record check completed 6-29-18. Review of Staff B's file revealed a hire date of 6-13-18. Further review revealed Single Contact License and Background Check criminal history completed 5-29-18. Continued review revealed Iowa Department of Human Services dependent adult abuse record check completed 6-15-18. Continued review revealed child abuse and dependent adult abuse record check completed 6-29-18. Review of Staff C's file revealed a hire date of 6-13-18. Further review revealed Single Contact License and Background Check criminal history completed 5-29-18. Continued review revealed Iowa Department of Human Services dependent adult abuse record check completed 6-15-18. Continued review revealed child abuse and dependent adult abuse record check completed 6-29-18. Review of Staff D's file revealed a hire date of 6-13-18. Further review revealed Single Contact License and Background Check criminal history completed 5-29-18. Continued review revealed	A 118		

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A 118	Continued From page 2 Iowa Department of Human Services dependent adult abuse record check completed 6-15-18. Continued review revealed child abuse and dependent adult abuse record check completed 7-2-18. During an interview on 11-13-18 at 11:35 a.m. the Administrator confirmed the Program failed to obtain child and dependent adult abuse checks prior to employment.	A 118		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also 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 or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete an evaluation within 30 days of occupancy. This pertained to 1 of 3	A 037	See attached plan	

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A 037	Continued From page 3 files reviewed (Tenant #1). Finding follows: Record review revealed Tenant #1's admission date to the Program indicated as 9-10-18. Further review revealed his Functional Assessment and Tenant Assessment completed 10-19-18 and a Global Deterioration Scale completed 10-17-18. During an interview on 11-13-18 at 4:12 p.m. the Healthcare Director confirmed the Program failed to complete evaluations within 30 days of occupancy.	A 037		
A 083	481-69.26(1) Service Plans 481-69.26(231C) 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 develop service plans based on evaluations conducted. This pertained to 1 of 3 tenants reviewed (Tenant #1).	A 083	See attached plan	

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A 083	Continued From page 4 Finding follows: Record review revealed Tenant #1's admission date to the Program indicated as 9-10-18. Further review revealed his Service Plan, updated 10-10-18. Continued review revealed his Functional Assessment and Tenant Assessment completed 10-19-18 and Global Deterioration Scale completed 10-17-18. During an interview on 11-13-18 at 4:12 p.m. the Healthcare Director confirmed the Program developed Tenant #1's service plan prior to completion of evaluations.	A 083		

Journey
Senior Services
17504 Mahogany Ave., Carroll, Iowa 51401
Bus: 712-775-2313 Fax: 712-775-2328
www.journeyseniorservices.com

1/17/19 OK 1/17/19

Plan of Correction Initial Survey November 14, 2018

Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and/or State law. This constitutes my credible allegation of compliance and all deficiencies will be corrected by January 14, 2019.

A118 Records Check
Education to all administrative staff was held on November 20, 2018. The facility will complete all dependent adult & child abuse checks prior to employment by all staff.
This will be monitored by the Administrator or Designee by records check audit annually.
Completion date: 11/28/2018

A037 Evaluation of Tenants
Facility will complete all evaluations within 30 days of occupancy and with significant change, as related to resident #1 and all residents in facility.
Health Care Director was educated on timeliness of 30-day assessments.
This will be monitored by the Administrator or designee by records check audit annually.
Completion date: 11/28/2018

A083 Service Plans
Facility will assure all service plans are developed for each resident based on evaluation, to resident #1 and all residents in facility.
Health Care Director was educated on timeliness of service plans.
This will be monitored by the Administrator or designee by records audit annually.
Completion date: 11/28/2018

Sincerely,

Nancy R. Snyder

Nancy R. Snyder, MPA, BSW, LNHA
Administrator/Owner
January 9, 2019