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 10/14/2020

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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 20 Total Population of Program at time of on-site: 22 TOTAL census of Assisted Living Program: 22 The following regulatory insufficiencies were cited during the investigation of Complaints #90347-C, 91692-C, the onsite Infection and Control survey and the Recertification of the Program.	A 000	See attached Plan POC 2/26/21	
A 039 SS=A	481-69.23(1)b Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer or evacuation This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the Program retained a tenant routinely requiring the assistance of two or more staff for transfers. The pertained to 1 of 3 tenants reviewed (Tenant #1). Findings include: Observations on 10/12/20 at 12:14 p. m. revealed	A 039	See Attached Plan	

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A 039	Continued From page 1 Tenant #1 seated in their wheelchair at the dining room table during lunch sleeping. Attempts made by staff to get Tenant #1 to eat were unsuccessful. Following lunch staff were asked to locate this monitor prior to Tenant #1's transfer from their wheelchair to observe the process. Staff ignored the monitor's request and transferred the Tenant. When interviewed on 10/12/20 at 3:01 p. m. a hospice provider revealed the hoyer lift was used to transfer Tenant #1. If not a Hoyer lift, he required the assistance of 2-3 staff with a gait belt. She reported this had been ongoing for the past couple of months. Record review on 10/14/20 at 9:56 a. m. revealed on 6/18/20 Tenant #1's physician was notified Tenant #1 required 2-3 person assist with the use of a gait belt. The Program noted he needed to be evaluated to go to a nursing home with lifts available before staff or Tenant #1 were hurt. On 6/18/20 Tenant #1's physician noted "Ok for Nursing Home placement. " Additional record review revealed on 8/24/20 Tenant #1 was noted as having a Global Deterioration Score (GDS) of 6. Tenant #1's service plan dated 8/24/20 indicated Tenant #1 required 2-4 people to transfer. When interviewed on 10/14/20 at 12:05 p. m. the Administrator confirmed this finding. She reported Tenant #1 did better with transfers if given time to process second to a diagnosis of Parkinson's disease.	A 039		

Journey
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Plan of Correction Recertification Survey October 12-13-14, 2020

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 February 26, 2021.

A039 Admission/Retention of Tenants

Education to all staff was held on November 04, 2020. The facility will review retention criteria on all residents for routine 2 person transfer monthly. When resident is identified as exceeding retention criteria, resident will receive appropriate referrals to higher levels of care.
Identified resident #1 was transferred to a Nursing Facility on 11-04-20.
This will be monitored by the Administrator and/or Designee by records audit monthly.
Completion date: 02/26/2021

Sincerely,

Nancy R. Snyder

Nancy R. Snyder, MPA, BSW, LNHA
Administrator/Owner
February 26, 2021