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
	S0387	A. BUILDING: _____ B. WING _____	10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR AT JORDAN CREEK AL	525 S 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 are defined by the type of population served. The census numbers were provided by the Program at the time of the onsite. Number of tenants without cognitive disorder: 31 Number of tenants with cognitive disorder: 1 Total census: 32 No regulatory insufficiencies were cited during the onsite infection control survey. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 124	481-67.19(4) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure background checks were completed no more than 30 days prior to hire for 1 of 1 rehired staff reviewed (Staff B).	A 124	√ 1/8/21 Plan of Correction is attached 12/31/20	

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

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A 124	Continued From page 1 Findings follow: A review of Staff B's employee file on 10/7/20 revealed a hire date of 6/2/20. Background checks were completed on 10/14/19 which was more than 30 days prior to hire. The Executive Director stated the staff was a rehire and confirmed background checks were not completed again when the staff returned in June.	A 124		
A 086	481-69.26(3)a Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were signed and dated by all parties for 2 of 3 tenants reviewed (Tenant #1 and #2). Findings follow: 1. Record review on 10/12/20 revealed Tenant #1's updated service plan (9/15/20) was not signed or dated by all parties.	A 086		

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A 086	Continued From page 2 2. Record review on 10/12/20 revealed Tenant #2's updated service plan (9/12/20) was not signed or dated by all parties. When interviewed on 10/12/20 at 4:45 p.m. the Wellness Director confirmed the Program failed to obtain signatures of all parties on updated plans.	A 086		

Jordan Creek September 2020 Plan of Correction for ALP recertification.

A 124:

1. All record checks will be completed no more than 30 days prior to any new or rehire employees start date.

A 086:

1. The Resident Care Coordinator will have all parties sign the service plans and document the service plan meeting date and attendees in electronic health record.
2. All service plan meetings done remotely will have plans sent to sign by email or by regular mail and all attempts to get signatures will be documented in the electronic health record.

Per the Administrator, the Plan of Correction date was 10/29/20

1/8/21

12/31/20