11/2018

PRINTED: 11/06/2018
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
	S0392	A. BUILDING: _____ B. WING _____	10/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SITLER CENTER FOR HELPFUL LIVING AL	1015 SOUTH IOWA AVENUE WASHINGTON, IA 52353

(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. Number of tenants without cognitive disorder: 10 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 10 The following regulatory insufficiency was cited during the initial certification visit to determine compliance with certification rules for an Assisted Living Program.	A 000	RI: 481-069.26 (4) (231) Service Plans PLAN OF CORRECTION This plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.	
A 091	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to include all providers on the service plan for 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: Record review for Tenant #1 on 10/31/18 revealed a service plan dated 3/20/2018. The plan identified a history of falls and "plans to	A 091	In continuing compliance with 481-069.26 (4) (231) Service Plans The service plan shall be individualized and shall indicate, at a minimum: The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupations therapy, and physical therapy.	November 30, 2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Christine L. Marshall

TITLE: Executive Director

(X6) DATE: 11/9/18

11/13/18

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A 091	Continued From page 1 pursue orders for OT/PT." Tenant #1 had an order for Physical Therapy (PT) dated 1/29/18. Physical therapy was discontinued on 6/6/18. A new order was written for PT by Tenant #1's physician on 8/14/18. Physical therapy services were not incuded on the service plan. On 10/31/18 at 11:20 AM, the RN confirmed the PT provider was not identified on Tenant #1's service plan either time she received the service. The RN could not find documentation of when Tenant #1 began PT. Record review for Tenant #2 on 10/31/18 revealed a service plan dated 4/16/18. The plan identified Tenant #2 had agreed to PT for strengthening following a fall on 4/9/18. A quarterly nursing summary dated 7/24/18 documented Tenant #2 "continues on PT/OT." That same nursing summary noted Tenant #2 had "initiated Lending Hands for additional services." Lending Hands is a home health care agency. Neither service was included on Tenant #2's service plan. On 10/31/18 at 11:20 AM, the RN confirmed the PT provider and home health care provider were not included on the service plan.	A 091	1.To correct the insufficiency, Halcyon House Assisted Living Director immediately updated the services plans for tenants #1 and #2 and all other tenants in the program with orders for hospice, home health care, occupational therapy and physical therapy as appropriate. 2. The Assisted Living Director will include all service providers on tenant individualized service plans, if other than the Program. 3. The Assisted Living Director and/or designee with review tenant service plans quarterly to ensure continued compliance with service plans.	