ASB ALP Monitor's Report & Documentation

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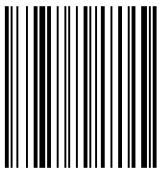

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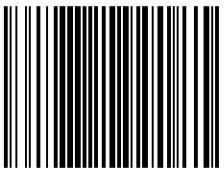

ALP 7-1

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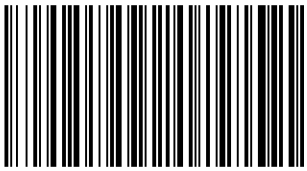

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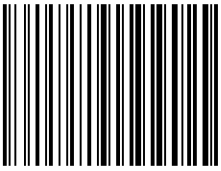

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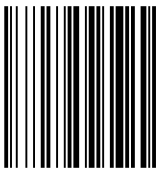

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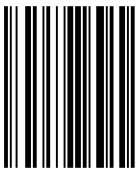

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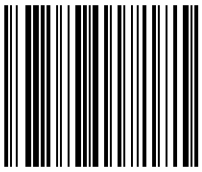

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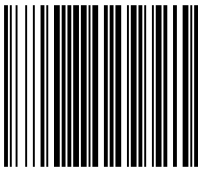

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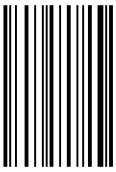

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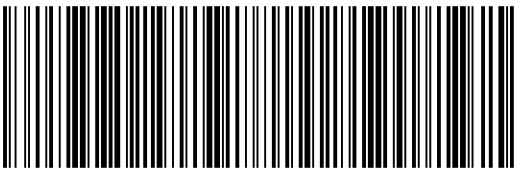
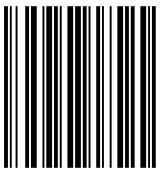


ADULT SERVICES BUREAU

Program



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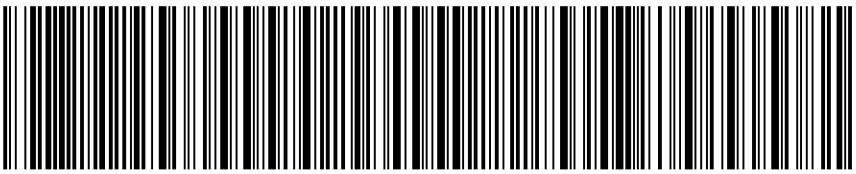
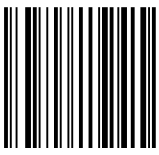


07 - Monitor's Report & Documentation

Exp. Date



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4/26/17 OK 4/20/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP393 HFD	A. BUILDING _____ B. WING _____	03/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT FOREVERGREEN ALP	1275 WEST FOREVERGREEN NORTH LIBERTY, IA 52317

(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. General Population Program Number of tenants without cognitive disorder: 30 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 34 TOTAL census of Assisted Living Program: 34 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification for an Assisted Living Program. No regulatory insufficiencies were cited during the Investigation of Complaint #81971-C.	A 000	See attached POC 3/20/19	
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: Based on interview and record review the Program failed to complete a criminal history	A 118		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP393 HFD	A. BUILDING _____ B. WING _____	03/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT FOREVERGREEN ALP	1275 WEST FOREVERGREEN NORTH LIBERTY, IA 52317

(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 118	Continued From Page 1 check for 1 of 7 staff reviewed (Staff A). Findings follow: Record review reavealed Staff A hired 12-22-17. A review of her file revealed child and dependent adult abuse background checks completed 12-22-17. No record of the criminal history check could be located. The Executive Director confirmed this finding on 3-19-19 at 3:22 p.m.	A 118		

✓ H/26/17 OK 4/26/19

Keystone Place
At Forevergreen
A Life Fulfilling Retirement Community

April 25, 2019

Department of Inspections and Appeals
Attn: Catie Campbell
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319

Dear Ms. Campbell

On behalf of Keystone Place at Forevergreen in North Liberty, Iowa, I respectfully submit our Plan of Correction for your approval. Our onsite visit took place on March 18-25, 2019.

Record Checks

1. Elements detailing how the Program will correct regulatory insufficiency.
   There was one criminal record check that was incomplete out of 7 records reviewed. The Executive Director completed the check as soon as it was discovered and provided the results to the Inspector during her visit. The check was completed on 3/20/2019 at 7:30 AM. Results = Not found in Data Base.
2. Measures take to ensure the problem does not recur
   All employees that complete the background checks received updated education and training on the importance of close review of SING results. Background checks are reviewed by another team member prior to hire in addition to the person that ran the background to ensure accurate completion.
3. How the Program plans to monitor performance to ensure compliance. All employee file record checks are reviewed prior to hire and at least annually.
4. The date by which the regulatory insufficiency will be corrected.
   The insufficiency was completed during the visit on 3/20/2019.

If you have any questions or concerns regarding this plan of correction please feel free to contact me at 319-459-1964 or mjpipkin@keystonesenior.com. Thank you.

Sincerely,

Mary Jo Pipkin

Mary Jo Pipkin
Executive Director
1275 West Forevergreen Road
North Liberty, Iowa 52317

IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

KIM REYNOLDS
GOVERNOR
ADAM GREGG
LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

April 24, 2019

Mary Jo Pipkin
Keystone Place at Forevergreen
1275 W. Forevergreen Road
North Liberty, IA 52317

Re: Keystone Place at Forevergreen ALP Initial Certification Visit

Dear Ms. Pipkin:

An initial visit was conducted at your program by Mary Hildreth on March 18 - 25, 2019 to determine if the program is in substantial compliance with certification requirements for Assisted Living Program (ALP).

During the course of the initial certification visit, the investigation of Complaint #81971-C was also conducted. A summary of our findings is as follows:

Medication Management: Unsubstantiated
Comments: Based on interview and record review the Program met the requirements for medication administration. No regulatory insufficiencies were cited.

Tenant Rights: Unsubstantiated
Comments: Based on interview and record review the Program ensured the rights of the tenants were maintained. No regulatory insufficiencies were cited.

The items of non-compliance found at the time of the recertification visit are listed on the attached Statements of Deficiencies and Plan of Correction forms.

You may complete the State forms by writing your plan of correction in the right hand columns. Please sign and return the completed forms to this office within ten (10) working days of receipt. Retain a copy for your records.

Your Plan of Correction must explain as specifically as possible the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. Measures taken to ensure the problem does not recur
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

All regulatory insufficiencies shall be corrected within 30 days from receipt of the Statement of Deficiencies. Completion dates beyond 30 days from the date of receipt may be accepted if additional documentation is included verifying the need for additional time to achieve compliance and indicating the steps already taken toward compliance.

As provided by IAC rule 481-67.14, you are afforded the opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made in writing to the Department within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

We wish to thank you and your staff for the courtesies and cooperation extended to our survey staff during their recent visit. If you have any questions regarding this visit, please contact your Program Coordinator.

Sincerely,

Linda Kellen, Bureau Chief
Adult/Special Services Bureau

Catie Campbell

Catie Campbell, Program Coordinator
Adult/Special Services Bureau
Health Facilities Division
515-281-3759
Catie.Campbell@dia.iowa.gov

Enclosure: Statement of Deficiencies

IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

KIM REYNOLDS
GOVERNOR
ADAM GREGG
LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

April 24, 2019

Cessalie Wollrab
220 Sugarcreek Lane Apt #5
North Liberty, IA 52317

Re: Keystone Place at Forevergreen ALP 81971-C

Dear Ms. Wollrab:

Your complaint regarding Keystone Place at Forevergreen was investigated by a representative of this department on March 18-25, 2019. A summary of our findings is as follows:

Tenant Rights: Unsubstantiated
Comments: Based on interview and record review the Program ensured the rights of the tenants were maintained. The tenant stated she misplaced her watch and it was not stolen. No regulatory insufficiencies were cited.

Medication Management: Unsubstantiated
Comments: Based on interview and record review the Program ensured medications were administered as ordered by a physician. The Program developed appropriate policies and procedures to address medication administration. Policies and procedures were consistently implemented. No regulatory insufficiencies were cited.

The fact that a complaint was not substantiated does not mean problems did not exist prior to the investigation. In most cases, our findings must be based on the current situation. The investigation of a complaint sometimes improves conditions and heightens awareness of staff that there has been dissatisfaction with the facility.

If you have future concerns regarding this or any other matter, we encourage you to contact the program administrator and/or our office. Another agency that can be of assistance in these matters is:

Iowa Department on Aging
510 East 12th Street, Ste. 2
Des Moines, IA 50319-9025
515-725-3333
1-800-532-3213

Sincerely,

Linda, Kellen, Bureau Chief
Adult Services Bureau

Catie Campbell

Catie Campbell, Program Coordinator
Adult Services Bureau
515-281-3759

Enclosures: complaint follow-up questionnaire
self-addressed envelope

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
DIVISION OF HEALTH FACILITIES

FACTORS TO CONSIDER FOR CLASSIFICATION OF STATE FINES/CITATIONS IN ADULT SERVICES PROGRAMS

Program Name: Keystone Place at Forevergreen ALP

Facility Address: 1275 W. Forevergreen Road, North Liberty, IA 52317

Type of Program: ALP

State Rule: 67.19(3)

Monitoring date(s): March 18-21, 2019

☑ Print or type in black ink only.

1. The frequency and length of time the regulatory insufficiency occurred, i.e., whether the violation was an isolated or a widespread occurrence, practice or condition: One time occurance

2. The past history of the program as it relates to the nature of the regulatory insufficiency. (The Dept shall not consider more than the current certification period and immediate previous certification period).
NONE

no hx

3. The culpability of the program as it relates to the reasons the regulatory insufficiency occurred:

Criminal history check was not completed

4. The extent of any harm to tenants or the effect on the health, safety, or security of the residents which resulted from the regulatory insufficiency:

None, check completed during on site and no criminal history was noted.

5. The relationship of the regulatory insufficiency to any other types of regulatory insufficiencies which have occurred in the program:

NA

6. The actions of the program after the occurrence of the regulatory insufficiency, including when corrective measures, if any, were implemented and whether the program notified the director as required: Criminal check was completed and was clear

7. The accuracy and extent of records kept by the program which relate to the regulatory insufficiency, and the availability of such records to the department:
NA

8. The rights of tenants to make informed decisions:
NA

9. Whether the facility made a good faith effort to address a high risk tenant's specific needs, and whether the evidence substantiates this effort: NA

Mary Hildreth
Health Facilities Monitor Signature

March 21, 2019
Date

Program Coordinator Signature

Date

No Rx. No FC
Cate Campbell 4/24/19

KEYSTONE PLACE AT FOREVERGREEN ALP

RECERTIFICATION, COMPLAINT, AND INCIDENT VISIT

TENANT LIST

MARCH 18-25, 2019

TENANTS:

1. JOHN STOCKMAN
2. LOIS RUGGER
3. NELLIE RAINS

KEYSTONE PLACE AT FOREVERGREEN

RECERTIFICATION AND COMPLAINT VISIT

STAFF LIST

MARCH 18-21, 2019

STAFF:

A: MWANGAZA "YOLLANDE" NARUGETA

EXECUTIVE DIRECTOR: MARY JO PIPKIN