

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0393	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER KEYSTONE PLACE AT FOREVERGREEN AL		STREET ADDRESS, CITY, STATE, ZIP CODE 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. Number of tenants without cognitive impairment: 51 Number of tenants with cognitive impairment: 5 Total census: 57 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure occupancy agreements and service plans were signed prior to occupancy for 2 of 2 tenants reviewed admitted since May of 2024 (Tenant #1 and Tenant #4). Findings follow:	A 355		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 355	Continued From page 1 1. Record review on 7-1-24 revealed Tenant #1 signed an occupancy agreement on 6-12-24. The service plan was developed and signed on 6-19-24 after the occupancy agreement had already been signed. The program's tenant list identified Tenant #1 admitted to the program on 6-20-24. 2. Tenant #4 signed an occupancy agreement on 5-22-24. The program's tenant list identified Tenant #4 admitted to the program on 5-20-24. 3. The Executive Director confirmed these findings on 7-2-24 at 12:09 AM.	A 355		