3/13/19

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
	S0394	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER RIDGE AND GARDENS AL	420 KENYON ROAD FORT DODGE, IA 50501

(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: 65 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 65 The following regulatory insufficiencies were cited during the initial certtification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	Nurse completing the arrival/move in note will be responsible for turning on the electronic health record alert for a 30 day assessment to be completed within the 30 day window of move in. Assisted Living has a monthly quality assurance meeting. At this meeting all new move-in's will be reviewed for the anticipated date of the 30 day assessment to be completed. Review of previous month's move-in's will also be completed to ensure the thirty day assessment was completed in the time frame required. This will be reviewed at the monthly Quality Assurance meeting from March-October of 2019. If there have been no identified problems the QA process will stop after October of 2019.	3/3/19
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037		

DO 3/18/19

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
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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a comprehensive assessment within 30 days of admission for 2 of 6 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Review of Tenant #1's file revealed an admission date of 7-19-18. Further review revealed a comprehensive assessment completed 8-30-18. 2. Review of Tenant #2's file revealed an admission date of 7-19-18. Further review revealed a comprehensive assessment completed 8-30-18. The Clinical Coordinator confirmed these evaluations were not completed within 30 days of admission on 2-27-19 at 11:47 a.m.	A 037		