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
	S0398	A. BUILDING: _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT POINTE SENIOR LIVING	3505 ENGLISH GLEN AVENUE MARION, IA 52302

(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: 88 Number of tenants with cognitive disorder: 10 Total census of Assisted Living Program: 98 An initial certification visit conducted to determine compliance with certification for an Assisted Living Program resulted in the following regulatory insufficiency:	A 000		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected identified needs of 3 of 10 tenants reviewed (Tenants #1, #2, #9, and #10). Findings follow: 1. Review on 1-2-19 of Tenant #1's file revealed a physical therapy (PT) Discharge Summary Report indicating Tenant #1 had a PT coverage	A 089	Please see the attached letter outlining the Plan of corrections for Service Plans. -Kate Stevenson Director of Nursing 1/24/19	

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

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A 089	Continued From page 1 period of 5-25-18 to 7-23-18 and was discharged from PT on 7-5-18. The service plan dated 5-23-18 reflected PT and occupational services and indicated a bath aide would be requested. The next service plan update occurred on 12-19-18. The service plan was not updated to reflect the discharge from outside agency services when it occurred on 7-5-18. 2. Review on 1-3-19 of Tenant #9's file revealed diagnoses including COPD, congestive heart failure and sleep apnea. The Health and Functional Status Assessment most recently updated on 1-2-19 reflected Tenant #9 wore oxygen at bedtime and applied the nasal cannula per self. A Nurse Review document dated 1-2-19 reflected Tenant #9 used oxygen at bedtime and she self-managed the oxygen. Tenant #9 slept in a hospital bed with a side rail that she declined use of and she used a raised toilet seat per her choice. When interviewed on 1-3-19 at 3:00 p.m. the Director of Nursing revealed Tenant #9 was independent with oxygen care and staff did not provide assistance. The service plan dated 1-2-19 reflected staff was to ensure that Tenant #9 wore the oxygen at bedtime and to assist her to put it on if needed. The service plan did not reflect Tenant #9's current status with management of her oxygen care and did not reflect the hospital bed or raised toilet seat.	A 089	Please see attached letter -Kate Simmons Director of Nursing 1/24/19	

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A 089	Continued From page 2 3. Review on 1-3-19 of Tenant #10's file revealed A Health and Functional Status Assessment dated 10-20-17 documenting Tenant #10 had received occupational therapy (OT) services regarding activities of daily living. Staff was to assist with bathing after OT was completed. The service plan dated 10-17-18 reflected Tenant #10 no longer received therapy services, all goals were met and Tenant #10 was discharged from OT. When interviewed on 1-3-19 at 3:00 p.m. the DON revealed Tenant #10 was discharged from PT/OT services in mid June of 2018 and staff did not assist Tenant #10 with bathing. Further record review revealed the service plan was not updated to reflect the discharge from PT/OT services to reflect the discharge from outside agency services when it occurred in mid June 2018.	A 089	Please see attached letter -Kat Stevens, RN , RN Director of Nursing 1/24/19	

2.1.19

January 24, 2019

Deb Dixon
Department of Inspections and Appeals
Lucas State Office building
321 East 12th Street
Des Moines, IA 50319

Dear Ms. Dixon

On behalf of Summit Pointe Senior Living, we respectfully submit our Plan of Correction outlining corrective measures for the regulatory insufficiencies dated January 16, 2019. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state law.

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The RN will update the service plans, at a minimum for Tenant #1, #9, and #10 as required by regulation. The service plans will be individualized and accurately identify the tenant's current service needs, service provider(s) if other than the program, and preferences for assistance.

2. Measures taken to ensure the problem does not recur.
    - The nurse will be educated on regulatory requirements for developing and updating service plans
    - The nurse will educated on Summit Pointe policy/procedures for service plans

3. How the program plans to monitor performance to ensure compliance.
    - The nurse or designee will monitor those tenants with services at least every 90 days to determine if the service plan needs to be updated to reflect the tenant's current service needs, service provider(s) if other than the program, and preferences for assistance.

4. The date by which the regulatory insufficiency will be corrected.
    - The regulatory insufficiency will be corrected on or before February 15, 2019.

1/28/19

Please feel free to contact Summit Pointe at 319-373-4242 with any questions you may have. Thank you.

Sincerely,

Kate Stevens, RN
Director of Nursing