DEPARTMENT OF INSPECTIONS AND APPEALS ok

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0404	A. BUILDING: _____ B. WING _____	C 06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF PELLA AL	2604 FIFIELD ROAD PELLA, IA 50219

(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: 41 Number of tenants with cognitive impairment: 0 Total census: 41 No regulatory insufficiencies were cited during the investigation of Complaint #110161-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000	See Attached POC 12/31/23	
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. This REQUIREMENT is not met as evidenced by:	A 135		

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A 135	Continued From page 1 Based on interview and record review the Program failed to evaluate tenant's cognitive and health status prior to admission for 3 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 6/27/23 revealed the following: 1. Tenant #1 was admitted on 4/7/22. No health assessment completed prior to admission could be located. 2. Tenant #2 was admitted on 10/10/22. No cognitive or health assessments completed prior to admission could be located. 3. Tenant #3 was admitted on 11/2/22. No health assessment completed prior to admission could be located. The Regional Wellness Director confirmed these findings on 6/28/23 at 11:45 a.m.	A 135		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 140		

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A 140	Continued From page 2 Program failed to evaluate tenant's functional, cognitive and health status within 30 days of admission for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review of tenant files on 6/27/23 revealed the following: 1. Tenant #1 was admitted on 4/7/22. No health assessment completed within 30 days of admission could be located. 2. Tenant #2 was admitted on 10/10/22. No functional, cognitive and health assessments completed within 30 days of admission could be located. 3. Tenant #3 was admitted on 11/2/22. No functional, cognitive, and health assessments completed within 30 days of admission could be located. The Regional Wellness Director confirmed these findings on 6/28/23 at 11:45 a.m.	A 140		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall 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, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the	A 145		

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A 145	Continued From page 3 evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as needed for 2 of 3 tenants reviewed with a significant change in health status (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 6/27/23 revealed the following: 1. Tenant #1's Progress Notes revealed the following: a. On 6/29/22 she required orders for wound care and lympedema specialist. b. 7/12/22 noted a weight loss of 9 pounds since 6/24/22. c. On 10/21/22 she was admitted to the hospital for a stroke and was admitted to hospice for comfort care. d. On 10/28/22 returned from the hospital and hospice care was scheduled to start 10/31/22. A health evaluation completed for the tenant's changes in health status could not be located. 2. Tenant #2's Progress Notes revealed the following: a. 1/10/23 noted a discharge from the wound care clinic. b. On 3/1/23 she required staff assistance with showers. Functional, cognitive, and health evaluations	A 145		

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A 145	Continued From page 4 completed for the changes in health status and service needs could not be located. The Regional Wellness Director confirmed these findings on 6/28/23 at 11:45 a.m.	A 145		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans based on the required evaluations to meet the specific needs for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review of tenant files on 6/27/23 revealed the following: 1. Tenant #1 was admitted on 4/7/22. No health assessment completed within 30 days of admission could be located. The Program failed to develop a service plan based on the required assessments. 2. Tenant #2 was admitted on 10/10/22. No functional, cognitive, and health evaluations completed within 30 days of admission could be	A 350		

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A 350	Continued From page 5 located. Review of Tenant #2's Progress Notes revealed the following entries: a. An eMAR (electronic Medication Administration Record) Medication Administration Note dated 11/15/22, indicated she required assistance with tubi grips and daily blood pressure checks. b. An eMAR dated 11/23/22, noted she required daily wound care. c. On 12/19/22 she received occupational therapy (OT) for pain management and continued to received assistance for tubi grips and daily blood pressure checks. The Program failed to develop a service plan based on the required evaluations and failed to include the tenant's need for assistance for wound care, tubi grips and daily blood pressure checks. 3. Tenant #3 was admitted on 11/2/22. No functional, cognitive, and health evaluations completed within 30 days of admission could be located. The tenant's service plan failed to be based on required assessments. The Regional Wellness Director confirmed these findings on 6/28/23 at 11:45 a.m.	A 350		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:	A 430		

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A 430	Continued From page 6 c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to assess and document the health status of each tenant receiving personal or health-related care at least every 90 days. This pertained to 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review of Tenant files on 6/27/23 revealed the following: 1. Tenant #1's Service Plan dated 8/29/22, indicated she required assistance with bathing. No nurse review to monitor progress and assess the health status of the tenant could be located. 2. Tenant #2's eMAR (electronic Medication Administration Record) Medication Administration Note dated 11/15/22, indicated she required assistance with tubi grips and daily blood pressure checks. Continued review of the eMAR dated 11/23/22 noted she required daily wound care. Further review revealed she received occupational therapy (OT) on 12/19/22 for pain management and ongoing assistance for tubi grips and daily blood pressure checks through 6/27/23. No nurse review to monitor progress and assess the tenant's health statuscould be located. The Regional Wellness Director confirmed these findings on 6/28/23 at 11:45 a.m.	A 430		

VIOLATION	HOW COMPLIANCE WILL BE ACHIEVED, MEASURE(S) TO ENSURE THE PROBLEM DOES NOT RECUR, AND PLAN TO MONITOR PERFORMANCE. OUTLINE WHO IS RESPONSIBLE FOR EACH MEASURE.	TIMELINE
A 345 481-67.9(4)b STAFFING **A 380 481-67.9(6) STAFFING** **A 545 481-69.30(1) DEMENTIA SPECIFIC EDUCATION**	**Achieve Compliance:** Review of all current employee medication manager certificates, delegations and adult dependant abuse certificate. New Hire Orientation schedule implemented to ensure all new staff have completed medication manager certificates, delegations, dementia specific training and adult dependant abuse certificate prior to working independently in the community. New Wellness Directior onboarding to include delegation of all staff within initial 60 days of employment. **Prevent Recurrence:** Review of delegations and additional eMAR training provided to all medication managers as needed to maintain compliance. RCS/WTS/ Wellness Director review of new employee status prior to orientation completion and being scheduled to work independently within the community. Regoinal Wellness Director review Wellness Director delegations within initial 60 days of employment. **Monitor:** Quarterly reviews of all Wellness employee files by RCS/WTS, staff nurses, Wellness Director and/or Regional Wellness DIrector to ensure certifications/delegations are complete and up to date to maintain compliance. Wellness Director and RCS/WTS to review new hire orientation completion 30 days after start date with community.	Current staff re-delegations to be completed in November 2023. New hire training and delegations are ongoing. New Hire training schedule and reviews implemented for all new hires after 10/1/23. PCC eMAR training and dementia training made available via Relias 9/1/23. Current staff documentation/certificate audit completed to be completed November 2023, with plan put in place for compliance by end of year 2023.

A 135 481-69.22(1) **EVALUATION OF TENANT** **A 140 481-69.22(2)** **EVALUATION OF TENANT** **A 350 481-69.26(1)** **SERVICE PLANS** **A 430 481-69.27(1)** **NURSE REVIEW**	**Achieve Compliance:** Assessment of health, cognitive, and functional to be completed pre-move in, 30 day post admission, with significant change, and annually. SPG V2 used for health and functional and BCRS and GDS used for cognitive. Evaluations will be completed and documented in Point Click Care and recurring schedules set. **Prevent Recurrence:** Pre-move in asessments/Service plan completed and follow up communication is sent to community prior to resident taking occupancy. Upon occupancy, a 30 day assessment date is established and service plan updated post assessment. Quarterly and Annual schedule is initiated after 30 day is completed. Significant change are initiated and tracked by staff registered nurses. Community wellness team to hold weekly meeting regarding all residents and addressing concerns/significant changes that have occured. Level set of evaluations to be completed by 11/30/23. **Monitor:** Wellness Director/staff nurses to review and maintain evaluation schedule monthly to ensure compliance. Wellness Director to review report from weekly community Wellness meeting.	Evaluation level set with new SPG V2 evaluation to be completed for all residents November 2023. Evaluation schedules updated for all residents at this time, to ensure timely completion going forward. Implemented use of BCRS cognitive tool to calculate GDS score and input GDS evaluation 9/1/23.