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
	S0408	A. BUILDING: _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEVIEW ASSISTED LIVING - MARION	720 OAKBROOK DRIVE 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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 31 Number of tenants with cognitive disorder: 3 Total Census of Assisted Living Program for People with Dementia: 34 The following regulatory insufficiency was cited during the initial certification visit conducted to determine compliance with certification for an Assisted Living Program:	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 the identified needs for 2 of 4 tenants reviewed (Tenants #1 and #3). Findings follow: 1. Record review on 12-10-19 and 12-11-19 of Tenant #1's file revealed a physician's order dated 8-9-19 for physical therapy (PT)/occupational therapy (OT) to evaluate and	A 089	V 1/29/20 Plan of Correction is attached DS	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 1/17/20

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 089	Continued From page 1 treat. The outside service provider was not added to the service plan until the 30 day update on 9-6-19; despite the order dated 8-9-19. The current service plan dated 9-6-19 reflected PT services. When interviewed on 12-11-19 at approximately 12:23 p.m. the Director of Nursing (DON) revealed Tenant #1 no longer received PT services. Tenant #1's service plan was not updated when the order for PT services was received and the reflection of PT services remained on the current service plan; despite the discontinuation of the services. 2. Record review on 12-10-19 and 12-11-19 of Tenant #3's file revealed a diagnosis of epilepsy. November 2019 medication administration records (MARs) reflected an order for Phenobarbital 97.2 milligram one tablet orally at bedtime related to epilepsy. The tenant's current service plan dated 12-5-19 did not reflect Tenant #1's diagnosis of epilepsy or interventions regarding seizure activity. 3. When interviewed on 12-11-19 at approximately 12:23 p.m. the DON revealed all service plan documents requested for the tenants listed above were provided.	A 089		

January 16, 2020

Department of Inspections and Appeals

Attn: Deb Dixon

Lucas State Office Building

321 East 12th St

Des Moines, IA 50319

1/29/20

Dear Ms. Dixon:

On behalf of Ridgeview Assisted Living of Marion, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated 12/16/2019. 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 state law.

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - Tenant #1 will have physical therapy removed from current service plan immediately. (Completed 12/20/19)
   - Tenant # 3 will have diagnosis of epilepsy addressed on service plan immediately. (Completed 12/20/19)
2. What measures will be taken to ensure the problem does not recur?
   - The RN will attend weekly Medicare meetings to be updated by therapy team.
   - Therapy team will provide copies of all therapy orders, including discontinuations, to RN.
   - RN re-educated by nursing consultants regarding inclusion of all pertinent diagnoses on service plans.
3. How does the Program plan to monitor performance to ensure compliance?
   - The RN will monitor and audit service plans with all new orders received and every 90 days with nurse review.
4. The date by which the regulatory insufficiency will be corrected.
   - All insufficiencies were corrected on 12/20/2019.

If you have any questions regarding this plan of correction, please feel free to contact me at 319-390-8439. Thank you.

Sincerely,

Morgan Brunscheen

Executive Director

1/29/20