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
	S0413	A. BUILDING: _____ B. WING _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER LIVING OF WALCOTT	510 NORTH MAIN STREET WALCOTT, IA 52773

(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 impairment: 16 Number of tenants with cognitive impairment: 7 Total census: 23 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with the recertification of an Assisted Living Program for People with Dementia.	A 000		
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 program failed to complete evaluations within 30 days of admission for 1 of 3 tenants admitted within the past 90 days (Tenant #3). Findings follow: Record review on 3/12/25 revealed Tenant #3 moved to the program on 12/30/24. No health, functional or cognitive evaluations completed	A 140	Plan of correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 140	Continued From page 1 within 30 days of admission could be located. The Health and Wellness Director confirmed she did not complete evaluations for Tenant #3 within 30 days of admission on 3/12/25 at 3:00 PM.	A 140		
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 service plans were developed prior to occupancy agreements being signed for 2 of 3 tenants reviewed admitted in the previous 3 months (Tenant #1 and Tenant #3). Findings follow: Record review on 3/12/25 revealed Tenant #1's legal representative signed the occupancy agreement on 2/21/25 and she moved into the program on 2/24/25. However, an initial service plan was not developed until 2/24/25. Tenant #3's legal representative signed the occupancy agreement on 12/27/24 and she moved to the program on 12/30/24. Her initial	A 355		

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A 355	Continued From page 2 service plan was created on 1/13/25. These findings were confirmed by the Regional Director of Operations on 3/13/25 at 11:40 AM.	A 355		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update the service plan of 3 of 4 tenants reviewed when they experienced a significant change (Tenants #1, #3 and #4). Findings follow: 1) Record review on 3/12/25 revealed Tenant #1 moved to the program on 2/24/25. An initial service plan developed on that date identified the tenant may require hands on assistance with mobility from a staff member. She required the assistance of 1 staff for transfers. A review of progress notes revealed on 3/3/25, Tenant #1 was admitted to hospice. The Licensed Practical Nurse (LPN) noted Tenant #1 required two staff to assist her with transfers with a gait belt on 3/6/25. On 3/12/25 at 9:01 AM Staff A stated she always	A 360		

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A 360	Continued From page 3 requested the assistance of a second staff member to transfer Tenant #1 for the safety of the tenant and herself. On 3/12/25 at 8:45 AM, Staff B reported she was unable to transfer Tenant #1 by herself. On 3/13/25 at 10:20 AM, the LPN reported within a few days of Tenant #1's admission to the program her condition quickly declined. She was able to walk prior to her admission and required two staff for transfers within a few days of moving in. Her family then decided they wanted to seek hospice services. The program did not update Tenant #1's service plan when her condition changed requiring the help of two staff with transfers and the addition of hospice services. 2) On 3/12/25 review of an incident report for Tenant #3 revealed she fell against the sink in her bathroom hitting the left side of her back while she was getting ready for bed at 8:30 PM. Her husband took her to urgent care on 1/16/25 and the former LPN documented on the incident report form there was no change in Tenant #3's level of care. A physician's appointment form dated 1/16/25 identified Tenant #3 experienced a fracture of ribs #8 and #9. She was prescribed a Lidocaine patch and Tylenol to treat the pain, as well as heat or ice if needed. On 3/12/25 at 2:20 PM, Staff C recalled Tenant #3 crying out in pain the first two weeks following the rib fractures. The tenant required extra assistance from staff getting in and out of chairs and her bed, as well as some help with dressing.	A 360		

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A 360	Continued From page 4 On 3/13/25 at 9:30 AM, Staff B reported Tenant #3 needed help getting up and down from her chair following her rib fractures. On 3/13/25 at 9:45 AM Tenant #3 stated her ribs hurt for quite a while following the fracture. She remembered requiring staff assistance getting up from a seated position and with walking at times. The program failed to update Tenant #3's service plan when her needs changed after she fractured her ribs. 3) Record review on 3/13/25 revealed progress notes for Tenant #4 in which she was evaluated on 12/10/24 for readmission to the program from a skilled nursing facility and found to be back at her baseline. Tenant #4 met with a surgical provider on 12/11/24 and received orders to wrap her right lower extremity with an ace bandage from the bottom of the foot up to the knee in the morning before getting out of bed and remove at night. She was to elevate her leg as much as possible. Upon her return to the program on 12/12/24, a large, raised area was noted to Tenant #4's right anterior calf which was pink in color. On 3/12/24 at 4:31 PM the Chief Clinical Officer reported Tenant #4 experienced a lower extremity injury requiring a hospitalization and non-weight bearing restrictions, which led to her stay at the skilled nursing facility. Tenant #4 returned from a skilled nursing facility on 12/12/24. Her service plan dated 10/11/24, did not address the need for wound care to her right lower extremity, such as wrapping and elevation.	A 360		

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A 360	Continued From page 5 4) On 3/12/25 at 3:00 PM the Health and Wellness Director confirmed the program failed to update tenants' service plans to address their health needs changes.	A 360	Please See attached Plan of correction	

PLAN OF CORRECTION

Community Name: Better Living of Walcott

Plan of Correction Date: 03/14/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER INDENTIFICATION NUMBER/LICENSE NUMBER: S0413	DATE SURVEY COMPLETED/TYPE OF SURVEY: 03/13/2025

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A140	481.69.22(2) Evaluation of Tenant 69.22 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.	A140	Re-education provided to leadership team regarding assessment schedules, including performing an assessment within 30 days of resident taking occupancy of apartment. Date: 3/14/2025 Assessment schedules reviewed in EHR with accurate next assessment dates based on previous assessment.	Director, or designee, to perform random audits of assessment schedules in EHR to ensure assessments are being completed in a timely manner.	Implementation Date: 3/14/2025 Completion Date: 3/14/2025 Responsible Party: RN
A355	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.	A355	Re-education provided to leadership team regarding service plans in relation to Policy 1.03 Service Plans. Date: 3/20/25 All service plans to be reviewed and signed prior to occupancy agreement. All service plans to be reviewed and signed by resident/responsible party, nurse, and director. After review and signature, service plans to be uploaded in EHR.	Director, or designee, to ensure service plans are reviewed and signed prior to occupancy agreements. Director, or designee to perform random audits of service plans to ensure resident/responsible party signature for most recent assessment completed in EHR.	Implementation Date: 3/14/2025 Completion Date: 3/28/2025 Responsible Party: Director/Nurse
A360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service	A360	Re-education provided to clinical leadership on change of condition indicators and updates to be made to	Nurses re-educated on change of conditions and Change of Condition Indicators document given to	Implementation Date: 3/14/2025

	plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.		service plans to reflect current resident needs. Date: 4/3/2025 All service plans will be audited and updated to reflect current resident needs and services.	reference and determine the need for ISP update.	Completion Date: 4/7/2025 Responsible Party: RN/LPN