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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALP419 HFD | A. BUILDING _____ B. WING _____ | 08/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| INDEPENDENCE VILLAGE OF ANKENY AL | 1275 SW STATE STREET ANKENY, IA 50023 |

| (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<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 27<br>Number of tenants with cognitive disorder: 11<br>Total Population of Program at time of on-site: 38<br><br>TOTAL census of Assisted Living Program: 38<br><br>No regulatory insufficiencies were cited during the investigation of Complaints #103780-C.<br><br>The following regulatory insufficiencies were cited during the investigation of Incident #104536-I and Complaint #103576-C. | A 000 | See Attached POC | |
| A 145 | 481-69.22(3) Evaluation of Tenant<br><br>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 evaluation when the tenant has exhibited a significant change.<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review the Program failed to evaluate the functional, | A 145 | | |

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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| A 145 | Continued From Page 1<br><br>cognitive, and health status as needed for 1 of 1 discharged tenants reviewed with a significant change in health status to determine continued eligibility (Tenant C1). Findings follow:<br><br>Record review on 8-23-22 of Tenant C1's Progress Notes revealed the following:<br><br>On 3-15-22 Tenant CI received a referral to physical and occupational for wound care and refused all therapies. He refused to stand up or attempt to do anything other than sit in his transport chair and stated he was being held by the mafia. Continued review indicated a referral to a dermatologist. The facility assessed the tenant's depression and anxiety. He required nursing home level of care.<br><br>On 3-25-22 Tenant C1 required wound care three times per week and as needed.<br><br>On 4-2-22 through 4-5-22 Tenant CI required two or three staff for transfers.<br><br>Review of a letter sent to Tenant C1's Power of Attorney in December 2021 revealed the Program informed them he exceeded level of care and was given a 30 day notice for discharge.<br><br>No functional, cognitive, and health assessments could be located for the increase in service needs for the wound care and level of care concerns.<br><br>On 8-24-22 at 9:53 the Wellness Administrator confirmed these findings. | A 145 | | |
| A 150 | 481-67.2(3) Program Policies and Procedures<br><br>67.2(3) The program shall follow the policies and procedures established by the program. | A 150 | | |

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|---|---|---|---|---|
| A 150 | Continued From Page 2<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review the Program failed to follow its policy for narcotic administration. This potentially affected all tenants who received narcotic medications. Findings follow:<br><br>Record review on 8-22-22 narcotic count sheets revealed two staff failed to sign at shift change and at time of removal for administration.<br><br>Review of the Narcotic Administration policy dated 11-13-20 revealed two staff needed to count the narcotics at shift change and two staff needed to witness the removal of the narcotic, sign for the removal, and one staff to administer the narcotic to the tenant.<br><br>Review of Medication Manger Course Skills Competency Checklist for Narcotic Count revealed all narcotic counts needed to be completed between all shifts. They would be counted with two staff present and both would sign the narcotic count sheet and ensure the entry was completed.<br><br>On 8-23-22 at 2:40 p.m. the Wellness Administrator confirmed these findings. | A 150 | | |
| A 350 | 481-69.26(1) Service Plans<br><br>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. | A 350 | | |

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|---|---|---|---|---|
| A 350 | Continued From Page 3<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review the Program failed to update service plans based on the required evaluations for 1 of 1 discharged tenants reviewed with a change in condition (Tenant C1). Findings follow:<br><br>Record review on 8-23-22 of Tenant C1's Progress Notes revealed the following:<br><br>On 3-15-22 Tenant CI received a referral to physical and occupational for wound care and refused all therapies. He refused to stand up or attempt to do anything other than sit in his transport chair and stated he was being held by the mafia. Continued review indicated a referral to a dermatologist. The facility assessed the tenant's depression and anxiety. He required nursing home level of care.<br><br>On 3-25-22 Tenant C1 required wound care three times per week and as needed.<br><br>On 4-2-22 through 4-5-22 Tenant CI required two or three staff for transfers.<br><br>Review of a letter sent to Tenant C1's Power of Attorney in December 2021 revealed the Program informed them he exceeded level of care and was given a 30 day notice for discharge.<br><br>No functional, cognitive, and health assessments could be located for the increase in service needs for the wound care and level of care concerns.<br><br>The Program failed to update Tenant C1's service plan as required with significant change.<br><br>On 8-24-22 at 9:53 the Wellness Administrator confirmed these findings. | A 350 | | |

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If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| Facility License Number: | Facility Name: | Date of Violations: |
|---|---|---|
| AALP419 HFD | Independence Village of Ankeny | August 22-24, 2022 |

| 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 145 481-69.22(3) Evaluation of Tenant**<br>*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 as needed. The evaluation shall be conducted by a health care professional, practical nurse, or a license practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.* | **Achieve Compliance**: All Tenant charts will be audited for the completion of required assessments by the Wellness Administrator. All outstanding (overdue) assessments, including those with a significant change, will be completed by a nurse.<br>**Prevent Recurrence**: A tracking system will be implemented using calendar reminders for all assessments. Assessments will then be completed by a nurse.<br>**Monitor**: Wellness Administrator to run monthly reports from Point Click Care (EMR) to ensure assessments are completed timely. | **Chart audit of all Tenants:** to be completed by December 14, 2022.<br>**Outstanding assessments** to be completed by January 6, 2023.<br>**Monitoring**: beginning December 2022 and on-going. |

| 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 150 481-67.2(3) Program Policies and Procedures**<br>*67.2(3) The program shall follow* | **Achieve Compliance**: The narcotic administration policy to be reviewed by all Wellness team members. | **Policy review** with all staff: to be completed by |

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| *the policies and procedures established by the program.* | **Prevent Recurrence**: The Controlled Substance Count Sheet will be implemented showing narcotic counts with two staff members at each shift change. PCC to be set up to have a witness verification with all narcotic administration. The Controlled Drug Receipt/Record/Disposition Form will be implemented showing verification of 2 staff for narcotic removal. **Monitor**: Wellness Administrator or Wellness Team Supervisor will perform monthly audits on all forms to ensure accuracy and compliance. | 12/23/22. **Implementation of Controlled Substance Count sheet**: to start 12/26/22. **Implementation of Controlled Drug form**: with receipt of all new controlled substances starting 12/12/22. **Monitoring**: beginning December 2022 and on-going. |

| **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 350 481-69.26(1) Service Plans**<br>*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.* | **Achieve Compliance**: All Tenant charts will be audited for the completion of required assessments by the Wellness Administrator. All outstanding (overdue) assessments, including those with a significant change, will be completed by a nurse. **Prevent Recurrence**: A tracking system will be implemented using calendar reminders for all assessments. Assessments will then be completed by a nurse. Individualized Service Plans will be completed with the new assessments and with all changes in condition.<br>**Monitor**: Wellness Administrator to run monthly reports from Point Click Care (EMR) to ensure service plans are completed with the assessments and with any new changes in condition. | **Chart audit of all Tenants**: to be completed by December 14, 2022. **Outstanding assessments** to be completed by January 6, 2023. **Monitoring**: beginning December 2022 and on-going. |