

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/16/2022
NAME OF PROVIDER OR SUPPLIER COPPER CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 609 HWY 150 NORTH WEST UNION, IA 52175		
(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: 11 Number of tenants with cognitive disorder: 2 TOTAL census of Assisted Living Program: 13 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program. No regulatory insufficiencies were cited during the investigation of Incident # 97925-I, Incident # 100023-I, or Complaint # 103951-C.	A 000		
A 340	481-67.9(4)a Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by:	A 340		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 340	Continued From page 1 Based on interview and record review, the Program failed to ensure the newly hired registered nurse (RN) completed a review of 4 out of 4 staff persons reviewed within 60 days of employment to ensure staff were sufficiently trained (Staff A, C, D, E) Findings include: 1. On 6/13/22 at 10:00 am, the Administrator confirmed she was also the delegating RN for the Program. The Administrator/RN was hired on 2/4/22. 2. On 6/14/22, a review of personnel records revealed the following: a.) Staff A was hired on 11/3/21. Staff A did not have RN delegations reviewed by the newly hired Administrator/RN within 60 days of her hire. No previous RN delegations could be located in the personnel file for Staff A. b.) Staff C was hired on 7/17/20. Staff C did not have RN delegations reviewed by the newly hired Administrator/RN within 60 days of her hire. No previous RN delegations could be located in the personnel file for Staff C. c.) Staff D was hired on 1/19/22. Staff D did not have RN delegations reviewed by the newly hired Administrator/RN within 60 days of her hire. No previous RN delegations could be located in the personnel file for Staff D. d.) Staff E was hired on 4/12/22. Staff E did not have RN delegations on file. 3. On 6/14/22 at 10 am, the Administrator/RN confirmed she had not completed RN delegations for new staff nor had she reviewed previous RN delegations if staff had them on file. This process	A 340		

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A 340	Continued From page 2 was in the works but had been delayed to staffing shortages and administration working the floor to care for tenants on a regular basis.	A 340		
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: Based on interview and record review, the Program failed to evaluate the tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement for 1 out of 4 tenants reviewed (Tenant #3) Findings include: 1. Record review on 6/13/22 revealed Tenant #3's initial move-in date of 4/27/22 for a respite contract. On 5/25/22, Tenant #3 was admitted into the Assisted Living Program and completed an occupancy agreement on that day. The record lacked initial evaluations to examine the tenant's functional, cognitive and health status prior to Tenant #3 signing the occupancy agreement.	A 135		

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A 135	Continued From page 3 On 6/15/22 at 2:30 pm, the Administrator confirmed no initial evaluations were located for the tenant above as they had not been completed.	A 135		
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 implement an initial service plan for 1 out of 4 tenants reviewed (Tenant #3) Findings include: 1. Record review on 6/13/22 revealed Tenant #3's record revealed an initial move-in date of 4/27/22 for a respite contract. On 5/25/22, Tenant #3 was admitted into the Assisted Living Program and completed an occupancy agreement on that day. The record lacked an initial service plan for Tenant #3 prior to the tenant signing the occupancy agreement. On 6/15/22 at 2:30 pm, the Administrator confirmed no initial service plan was located for	A 355		

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A 355	Continued From page 4 the tenant above.	A 355			