

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0425	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/18/2022
NAME OF PROVIDER OR SUPPLIER WHISPERING CREEK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2609 NICKLAUS BLVD SIOUX CITY, IA 51106		
(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: 27 Number of tenants with cognitive disorder: 13 Total census of Assisted Living Program: 40 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. The following regulatory insufficiency was cited.	A 000		
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 preliminary service plans were signed by those who developed the plan for 4 of 4 tenants reviewed (Tenants #1, #2, #3, #4). Finding follows:	A 355	The 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 355	Continued From page 1 Record review on 5/18/22 revealed the service plans for Tenants #1, #2, #3 and #4 were not signed. When interviewed on 5/18/22 the Program Nurse explained she had been trained/taught to have tenants and/or legal representatives sign the assessments but not the service plan.	A 355		

June 17, 2022

Deb Dixon, Program Coordinator
Adult/Special Services Bureau
Health Facilities Division
515-281-4081
Email: deb.dixon@dia.iowa.gov

RE: Whispering Creek Senior Living Plan of Correction

Dear Ms. Dixon,

Enclosed is the required Plan of Correction regarding the recertification visit conducted from 5/16/22 to 5/18/22. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IACr 481-69.26(2) Service Plans

- Education provided on May 18, 2022, that service plans, not assessments, were required to be signed by the resident/responsible party. Process implemented on May 18, 2022, to have new service plans signed by residents/responsible party.
- All existing service plans will be printed, reviewed with resident/responsible party, and signed by August 15, 2022.
- Beginning September 2022, a monthly audit of signed service plans will be conducted until 100% compliance is achieved.

Sincerely,

Joni Ogden, Executive Director
Whispering Creek Senior Living

ok 7/1/22