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
	S0483	A. BUILDING: _____ B. WING _____	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVIGATE MC AT COPPERWOODS AT PRAIRII	2855 SW VINTAGE PARKWAY 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 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: 0 Number of tenants with cognitive impairment: 13 Total census: 13 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
A 135	481-67.2(1)f Program Policies and Procedures 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: f. A copy of the completed incident report shall be kept on file on the program's premises for a minimum of three years. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the incident reporting policy included the required time frame of three years for the retention of Incident Reports (IR). Finding follows:	A 135		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 135	Continued From page 1 Record review on 1/30/25 of the Program's Incident and Accident Procedure revealed the policy/procedure directed reports be kept for 12 months from the date of the incident. During the exit on 2/4/25 at 3:00 p.m. the administrative team acknowledged the Program followed the policy in place.	A 135		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently follow program policies and procedures related to Incident Reports and to Staffing/Tenant Checks. This potentially pertained to 13 of 13 tenants. Finding follows: 1. On 1/28/25 upon entrance the surveyor requested Incident Reports (IRs). The Program provided a summary of IRs from Point Click Care (PCC). On 2/3/25 at 10:03 a.m. the Delegating Nurse (DN) provided handwritten IRs and said the majority of IRs were done online (PCC). Review of the Program's Incident and Accident Procedure dated 3/1/21 revealed any adverse event or unusual occurrence, resulting in an injury or potential injury to a resident, is defined as an incident or accident. An Incident/Accident form	A 150		

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A 150	Continued From page 2 must be completed. When interviewed on 2/3/25 at 10:28 a.m. the DN said prior to January, staff would report the situation to the medication aides and/or nurse who would enter into PCC. She added in January, the Program directed staff to use the appropriate form. When interviewed on 2/4/25 the Director said the Program's policy did not require the incident/accident form to be completed and reporting could be done via the form and/or PCC. 2. Record review on 1/28/25 revealed the Program's policy/procedure for Staffing dated 3.26.24. Staffing requirements directed staff shall check on tenants as indicated in each resident's service plan. Record review on 3/4/25 revealed the Program failed to include specific instruction regarding when/how to check on tenants in the following service plans: Tenant #1's service plan dated 8/21/24 Tenant #2's service plan dated 10/23/24 Tenant #3's service plan dated 6/25/24 Tenant #4's service plan dated 12/7/24 When interviewed on 2/4/25 at 1:34 p.m. the Memory Support Clinical Director confirmed the Program failed to include specific instruction in tenant services plans regarding when/how to check on tenants per policy.	A 150		
A 106	231C.5 1 Occupancy Agreement 231C.5 Written occupancy agreement required.	A 106		

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A 106	Continued From page 3 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure occupancy agreements were executed prior to occupancy. This pertained to 1 of 1 tenants who took occupancy in January 2025 (Tenant #4). Findings follow: Record review on 3/4/25 revealed the Program failed to execute an occupancy agreement for Tenant #4. According to the Delegating Nurse (DN) Tenant #4 returned from a hospitalization and skilled care stay and moved to the memory care unit from the assisted living program. The Program provided evaluations dated 1/10/25 but failed to develop a service plan and execute an OA for Tenant #1. On 2/4/25 at 4:00 p.m. The DN and Director confirmed the Program failed to execute the OA prior to Tenant #1's occupancy.	A 106		

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A 107	Continued From page 4	A 107		
A 107	231C.5 2 Occupancy Agreement 231C.5 Written occupancy agreement required. 2. An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments: a. A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs. b. (1) A statement regarding the impact of the fee structure on third-party payments, and whether third-party payments and resources are accepted by the assisted living program. (2) The occupancy agreement shall specifically include a statement regarding each of the following: (a) Whether the program requires disclosure of a tenant's personal financial information for occupancy or continued occupancy. (b) The program's policy regarding the continued tenancy of a tenant following exhaustion of private resources. (c) Contact information for the department of human services and the senior health insurance information program to assist tenants in accessing third-party payment sources. c. The procedure followed for nonpayment of fees. d. Identification of the party responsible for payment of fees and identification of the tenant's legal representative, if any.	A 107		

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A 107	Continued From page 5	A 107		

e. The term of the occupancy agreement.
f. A statement that the assisted living program shall notify the tenant or the tenant's legal representative, as applicable, in writing at least thirty days prior to any change being made in the occupancy agreement with the following exceptions:
(1) When the tenant's health status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation.
(2) When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the assisted living program.
g. A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law.
h. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer.
i. The internal appeals process provided relative to an involuntary transfer.
j. The program's policies and procedures for addressing grievances between the assisted living program and the tenants, including grievances relating to transfer and occupancy.
k. A statement of the prohibition against retaliation as prescribed in section 231C.13.
l. The emergency response policy.
m. The staffing policy which specifies if nurse delegation will be used, and how staffing will be adapted to meet changing tenant needs.
n. In dementia-specific assisted living programs, a description of the services and programming

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A 107	Continued From page 6 provided to meet the life skills and social activities of tenants. o. The refund policy. p. A statement regarding billing and payment procedures. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure occupancy agreements signed by tenants prior to the monitoring visit included all information required by Iowa Administrative Code chapter 231C.5. This pertained to 3 of 4 tenants reviewed (Tenants #1, #2, #3). Findings follow: Record review on 2/3/25 revealed the Program's Occupancy Agreement failed to include the following required information: - Whether the Program required disclosure of a tenant's personal financial information for occupancy or continued occupancy. - A statement of the prohibition against retaliation as prescribed in section 231C.13 - Contact information for the department of health and human services and the senior health insurance information program to assist tenants in accessing third-party payment sources. When interviewed on 2/3/25 the Director confirmed the Program's OA failed to include all required information and planned to work with legal counsel to revise the OA to meet the requirements.	A 107		
A 115	481-69.21(2)a,b,c,d,e,f Occupancy Agreement	A 115		

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A 115	Continued From page 7 69.21(2) In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments: a. The telephone number for filing a complaint with the department. b. The telephone number for the office of long-term care ombudsman. c. The telephone number for reporting dependent adult abuse. d. A copy of the program ' s statement on tenants' rights. e. A statement that the tenant landlord law applies to assisted living programs. f. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes voluntary decertification, except in cases of emergency. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure occupancy agreements signed by tenants prior to the monitoring visit included required information in addition to that required by Iowa Administrative Code chapter 231C.5. This pertained to 3 of 4 tenants (Tenants #1, #2 and #3) reviewed. Findings follow: Record review on 2/3/25 revealed the Program's Occupancy Agreements (OA) for Tenants #1, #2 and #3 failed to include the following information: - telephone number for the long-term care ombudsman.	A 115		

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A 115	Continued From page 8 - correct information and telephone number for filling a complaint and reporting Dependent Adult Abuse with the Department. - a statement that tenant landlord law applied to assisted living programs. During the exit on 2/4/25 at 3:00 p.m. the administrative team acknowledged the Program failed to follow the rules regarding Occupancy Agreements.	A 115		
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 complete pre-occupancy evaluations as required. This pertained to 4 of 4 tenants reviewed (Tenants #1 - #4). Finding follows: Record review on 1/29/25 and 2/3/25 revealed	A 135		

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A 135	Continued From page 9 the following regarding evaluations: Review of Tenant #1's Iowa Assisted Living Assessment (IALA) dated 8/21/24 revealed the health section was not thoroughly completed and did not evaluate Tenant #1's current health status. Review of Tenant #2's IALA dated 10/18/24 revealed the health section was not thoroughly completed and did not evaluate Tenant #2's current health status. Review of Tenant #3's IALA dated 6/13/24 revealed the health section was not thoroughly completed and did not evaluate Tenant #3's current health status. Review of Tenant #4's IALA dated 1/10/25 revealed the health section was not thoroughly completed did not evaluate Tenant #4's current health status. During the exit on 2/4/25 at 3:00 p.m. the Program's Administrative Staff acknowledged the above findings.	A 135		
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	A 140		

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A 140	Continued From page 10 by: Based on interview and record review the Program failed to complete evaluations within 30 days of occupancy as required. This pertained to 3 of 4 current tenants reviewed (Tenants #1 - #3). Finding follows: Record review on 1/29/25 and 2/3/25 revealed the Program failed to complete evaluations within 30 days of occupancy for Tenants #1, #2 and #3. During the exit on 2/4/25 at 3:00 p.m. the Program's Administrative Staff acknowledged the above findings.	A 140		
A 145	481-69.22(3) Evaluation of Tenant 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as	A 145		

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A 145	Continued From page 11 needed. This pertained to 1 of 2 tenants with a change of condition (Tenant #3). Findings follow: Record review on 2/3/25 revealed a communication log from Center Well home for Tenant #3. The communication log noted the discontinuation of Tenant #3's Physical Therapy (PT) and recommended assist with all transfers and gait secondary to decreased safety insights. Further record review revealed no evaluations completed for Tenant #3's Change of Condition (COC). On 2/4/24 at 1:34 p.m. the Director confirmed the Program failed to complete COC evaluations for Tenant #3.	A 145		
A 370	481-69.26(3)a 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. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to update services plans with a change of condition. This pertained to 2 of 4 tenants reviewed (Tenant #2 and #3). Finding follows:	A 370		

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A 370	Continued From page 12 1. Record review on 2/4/25 revealed Tenant #2's Iowa Assisted Living Assessment (IALA) dated 12/6/24. The assessment noted Tenant #2's admission to hospice on 12/6/24. Further review revealed the Program failed to update the service plan to include hospice services. On 2/4/25 at 1:37 p.m. the Delegating Nurse (DN) confirmed the Program failed to complete a service plan update to include the hospice services. 2. Record review on 2/3/25 revealed a communication log from Center Well home for Tenant #3. The communication log noted the discontinuation of Tenant #3's Physical Therapy (PT) and recommended assist with all transfers and gait secondary to decreased safety insights. Further record review revealed the Program failed to update Tenant #3's service plan to include recommendations by physical therapy. On 2/4/24 at 1:34 p.m. the Director confirmed the Program failed update Tenant #3's service plan.	A 370		
A 385	481-69.26(3)d 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. d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties.	A 385		

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A 385	Continued From page 13 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were updated, signed and dated within 30 days of occupancy. This pertained to 3 of 4 current tenants reviewed (Tenants #1 - #3). Findings follow: Record review on 1/30/25 revealed the Program failed to update service plans and ensure signatures and dates were obtained within 30 days for: Tenant #1 occupancy date 8/21/24 Tenant #2 occupancy date 10/23/24 Tenant #3 occupancy date 6/21/24 During the exit on 2/4/25 at 3:00 p.m. the administrative team confirmed the Program provided all requested documentation of updated service plans.	A 385		
A 405	481-69.26(4)c Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to consistently ensure service plans included other service providers. This	A 405		

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A 405	Continued From page 14 pertained to 1 of 1 tenants reviewed who received hospice services (Tenant #3). Finding follows: Record review on 2/4/25 revealed Tenant #2's Iowa Assisted Living Assessment (IALA) dated 12/6/24. The assessment noted Tenant #3's admission to hospice on 12/6/24. Further review revealed the Program failed to update the service plan to include hospice services. On 2/4/25 at 1:37 p.m. the Delegating Nurse (DN) confirmed the Program failed to complete a service plan update to include the hospice services.	A 405		
A 415	481-69.26(4)e Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: e. Preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include tenant preference for nursing facility care. This pertained to 4 of 4 tenants reviewed (Tenants #1 - #4). Findings follow: Record review on 1/30/25 and 2/3/25 of tenant service plans revealed the Program failed to include nursing facility preferences in the following service plans:	A 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0483	A. BUILDING: _____ B. WING _____	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 415	Continued From page 15 Tenant #1's service plan dated 8/21/24 Tenant #2's service plan dated 10/23/24 Tenant #3's service plan dated 6/25/24 Tenant #4's service plan dated 12/7/24 During the exit on 2/4/25 at 3:00 p.m. the administrative team confirmed all requested documentation had been provided.	A 415		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to consistently complete 90-day nurse reviews for tenants who received health related care. This pertained to 2 of 2 who would have required a 90 review (Tenants #1, #2). Finding follows: Record review on 2/3/23 revealed the following regarding 90-day nurse reviews: Tenant #1 took occupancy on 8/21/24. As of 2/3/25 no 90-day nurse reviews had been	A 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0483	A. BUILDING: _____ B. WING _____	02/04/2025

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NAVIGATE MC AT COPPERWOODS AT PRAIRII	2855 SW VINTAGE PARKWAY ANKENY, IA 50023

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A 430	Continued From page 16 completed for Tenant #1. Tenant #3 took occupancy on 6/25/24. As of 2/3/25 no 90-day nurse review had been documented. When interviewed on 2/3/24 at 3:30 p.m. the Delegating Nurse (DN) confirmed no 90-day nurse reviews had been completed.	A 430		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received eight hours of dementia-specific education within 30 days of employment. This pertained to 2 of 5 current staff reviewed (Staff A and B). Findings follow: Record review on 2/4/25 revealed the Program hired Staff A on 9/6/24. Further record review revealed Staff A failed to complete eight hours of training within 30 days of employment. Record review on 2/4/25 revealed the Program hired Staff B on 9/17/24. Further record review revealed Staff B failed to complete eight hours of training within 30 days of employment.	A 545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0483	A. BUILDING: _____ B. WING _____	02/04/2025

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A 545	Continued From page 17 During the exit on 2/4/25 at 3:00 p.m. the administrative team acknowledged the above findings.	A 545		