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
	S0490	A. BUILDING: _____ B. WING _____	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOUSE OF OTTUMWA, LLC	2824 E COURT STREET OTTUMWA, IA 52501

(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 impairment: 8 Number of tenants with cognitive impairment: 1 Total census: 9 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000		
A 105	481-67.2 Program Policies and Procedures 481-67.2 Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure they had all required policies. Findings follow: Record review on 11/21/24 revealed the program	A 105		

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A 105	Continued From page 1 did not have a policy on addressing the sexual relationships between tenants and staff, and between tenants with dementia greater than Stage 5 on the Global Deterioration Scale, as required by Iowa Administrative Code 481 Chapter 69.4 (20). The program also did not have a policy for extraordinary lifesaving measures, such as cardiopulmonary resuscitation (CPR), as required by Iowa Administration Code 481 Chapter 69.4 (21). The Nursing Director and Activities Director confirmed these findings on 11/21/24 at 12:30 PM.	A 105		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to administer medication as ordered to 1 of 2 tenants reviewed (Tenant #4). Findings follow: An observation of the morning medication	A 285		

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A 285	Continued From page 2 administration on 11/21/24 at 8:10 AM with Staff A revealed Tenant #4 was administered Vitamin D3 (1000 IU) and 2 Fiber Well Gummies. A review of Tenant #4's medication list from her Primary Care Provider dated 11/5/24 revealed she was to take Vitamin D3 (5000 IU). Fiber Well Gummies were not included on Tenant #4's medication list. The Program had a Medication Administration Record Policy which noted they would acquire a medication list for each tenant. The medication list would be signed by the provider. Medication would be reviewed by the registered nurse. On 11/21/24 at 12:45 PM, the Nursing Director confirmed Tenant #4 was not administered the correct dose of Vitamin D3 and Fiber Well Gummies were not on the signed medication list from the primary care provider.	A 285		
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:	A 355		

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A 355	Continued From page 3 Based on interview and record review, the program failed to ensure an initial service plan was developed and signed before 3 of 3 tenants signed the occupancy agreement (Tenants #1, #2 and #3). Findings follow: Record review on 11/21/24 revealed Tenant #1 signed the occupancy agreement on 10/25/24 but did not sign the initial service plan until 11/2/24, after the occupancy agreement was signed. Tenant #2 signed the occupancy agreement on 8/19/24, but did not sign the initial service plan until 9/2/24, after the occupancy agreement was signed. Tenant #3 signed the occupancy agreement on 9/9/24, but did not sign the initial service plan until 9/11/24, two days after the occupancy agreement was signed. On 11/21/24 at 1:15 PM the Nursing Director confirmed these findings.	A 355		