

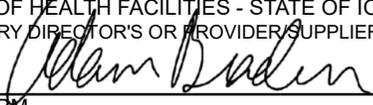
DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
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NAME OF PROVIDER OR SUPPLIER MARTINA PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 5815 WINWOOD DR JOHNSTON, IA 50131
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(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	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive impairment: 42 Number of tenants with cognitive impairment: 7 Total census: 49</p> <p>No regulatory insufficiencies were cited during the investigation of Complaint #105050-C.</p> <p>The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.</p>	A 000	<p>This plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely because State law requires it.</p> <p>Please accept this plan as the program's credible allegation of compliance. Allegation of compliance: 2/20/2023.</p> <p>It is the practice of this program to complete cognitive evaluations annually or with significant changes to tenants.</p> <p>Cognitive evaluations were completed on 2/20/2023 by Nurse Coordinator for tenants #2 and #3. Tenant #1 no longer resides in the program.</p>	
A 145	<p>481-69.22(3) Evaluation of Tenant</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 145	<p>A review was conducted to ensure all tenants had cognitive evaluations completed annually and with significant change. This review was started 2/20/2023 by the Program Director.</p> <p>The Director created a checklist for nursing staff to utilize for Annual and significant change evaluations. Education was provided to nursing staff on 12/22/2022 by the Director.</p> <p>The program director will review annual and significant change evaluations monthly for three months to ensure cognitive evaluations are completed appropriately. The Director will submit the results of the reviews to the Executive Director and the Quality Assurance Performance Improvement committee each month.</p>	

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



TITLE

Executive Director

(X6) DATE

2/20/2023

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 145	<p>Continued From page 1</p> <p>Based on interview and record review the Program failed to ensure cognitive evaluations were completed annually or with significant change for 3 of 5 tenants reviewed (Tenants #1-#3). Findings follow:</p> <p>Record review on 12/21/22 revealed Tenant #1's annual service plan dated 4/21/22. Further review revealed the Program failed to complete a cognitive evaluation to determine changes made to the service plan.</p> <p>Record review on 12/22/22 revealed Tenant #2 had a significant change of condition for falls and the initiation of physical and occupational therapy on 11/21/22. Further review revealed the Program failed to complete the required cognitive evaluation with significant change.</p> <p>Record review on 12/22/22 revealed Tenant #3's annual service plan dated 10/5/22. Further review revealed the Program failed to complete a cognitive evaluation annually.</p> <p>During the exit interview on 12/22/22 at 12:45 p.m. the Director acknowledged the Program failed to complete cognitive evaluations as required.</p>	A 145		