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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP149 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/10/2021 |
| NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF AMES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1325 COCONINO RD, STE 300 AMES, IA 50014 | | |
| (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 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.</p> <p>Number of tenants without cognitive disorder: 34</p> <p>Number of tenants with cognitive disorder: 7</p> <p>TOTAL Census of Assisted Living Program for People with Dementia : 41</p> <p>The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for a Dementia-Specific Assisted Living Program.</p> <p>No regulatory insufficiencies were cited during the investigation of Complaint # 100484-C.</p> <p>In addition to this recertification and investigation, an onsite infection control survey was conducted. No deficiencies were cited during this survey.</p> | A 000 | <p>POC attached OK 3-15-22</p> | | |
| A 140 | <p>481-69.22(2) Evaluation of Tenant</p> <p>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.</p> <p>This Requirement is not met as evidenced by: Based on interview and record review, the Program failed to evaluate 2 out of 4 tenants within 30 days of occupancy (Tenant #1, Tenant</p> | A 140 | | | |

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| A 140 | Continued From Page 1 #2) Findings include: 1. A review of Tenant #1's record on 11/9/21 revealed an admission date of 5/12/21. Tenant #1 had a diagnosis of macular eye disease, hypertension, and a history of atrial fibrillation. Because Tenant #1 moved in to the Program on 5/12/21, the tenant should have been re-evaluated by 6/12/21. Tenant #1's record revealed his 30 day evaluations were completed on 7/5/21. 2. A review of Tenant #2's record on 11/9/21 revealed an admission date of 5/18/20. Tenant #2 had a diagnosis of macular degeneration, glaucoma, nuclear sclerosis, hypertension, vitamin D deficiency, hypothyroidism, hyperlipidemia, late onset Alzheimer's Disease, depression and peripheral vascular disease. Because Tenant #2 moved in to the Program on 5/18/20, the tenant should have been re-evaluated by 6/18/20. Tenant #1's record revealed his 30 day evaluations were completed on 6/25/20. 3. On 11/10/21 at 11:00 am, the Director confirmed the above finding. | A 140 | | | |
| A 365 | 481-69.26(3) 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. This Requirement is not met as evidenced by: Based on interview and record review, the Program failed to update 3 of 4 tenants' service plans within 30 days of the tenant's occupancy | A 365 | | | |

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| A 365 | Continued From Page 2 (Tenants #1, #2, #4) Findings include: 1. Record review on 11/9/21 revealed Tenant #1's record noted an admission date of 5/12/21. Tenant #1 had a diagnosis of macular eye disease, hypertension, and a history of atrial fibrillation. Because Tenant #1 moved in to the Program on 5/12/21, the service plan should have been updated by 6/12/21. Tenant #1's record revealed his 30 day service plan was updated on 7/6/21. 2. Record review on 11/9/21 revealed Tenant #2's record noted an admission date of 5/08/20. Tenant #2 had a diagnosis of macular degeneration, glaucoma, nuclear sclerosis, hypertension, vitamin D deficiency, hypothyroidism, hyperlipidemia, late onset Alzheimer's Disease, depression and peripheral vascular disease. Because Tenant #2 moved in to the Program on 5/08/20, the service plan should have been updated by 6/08/20. Tenant #2's record revealed his 30 day service plan was updated on 6/25/20. 3. Record review of Tenant #4's record on 11/9/21 revealed an admission date of 5/21/21. Tenant #4 had a diagnosis of Alzheimer's Disease, dementia, hypertension, anxiety disorder, and hypercholesterolemia. Because Tenant #4 moved in to the Program on 5/21/21, the service plan should have been updated by 6/21/21. Tenant #4 had no 30 day service plan on file. On 11/10/21 at 11:00 am, the Director confirmed the above findings. | A 365 | | | |
| A 635 | 481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a | A 635 | | | |

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| A 635 | <p>Continued From Page 3</p> <p>dementia-specific program.</p> <p>This Requirement is not met as evidenced by: Based on observations, interview, and record review, the Program failed to ensure all exit doors in the dementia-specific Program contained an operating alarm system. Findings include:</p> <p>During an observational tour on 11/9/21 at 9:30 am, entrance/exit doors were observed to not sound alarms as people exited the Program. During a record review on the same day, the Program license was noted to be for a Dedicated Dementia Specific Assisted Living Program as of 4/23/21.</p> <p>On 11/10/21 at 9:45 am, the Maintenance Director no exit doors of the Program had an operating alarm system fully installed. The Maintenance Director stated alarm systems were partially installed but were not completed. The Program only used resident egress wander system bracelets on individual tenants.</p> <p>On 11/10/21 at 11:00 am, the Director confirmed the above finding.</p> | A 635 | | | |

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| Facility License Number: S0041 | Facility Name: Independence Village of Ames | Date of Violations: 11/10/2021 |
| Violation | How compliance will be achieved, measure(s) to ensure the problem does not recur, and plan to monitor performance. Outline who is responsible for each measure | Timeline |
| 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. | <i>Achieve compliance:</i> All tenant charts have been audited. Verified all assessments for all residents are current and have been completed <i>Prevent Recurrence:</i> Tracking system with calendar notifications for all assessments due has been implemented as of March 15, 2022. Evaluations will then be assigned and completed by nurse <i>Monitor:</i> Going forward Wellness Director and Assistant Wellness Director will run monthly reports to ensure all assessments are completed timely | Completed as of March 15, 2022, and ongoing |
| A 365 481-69.26(3) 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. | <i>Achieve compliance:</i> All tenant charts and files have been audited. Verified all service plans for all residents have been updated <i>Prevent Recurrence:</i> On going the Wellness Director and Assistant Wellness Director will review and update the service plan for each tenant based on the evaluations conducted and the service plans shall be designed to meet the specific needs of the individual tenant. Service plans will be updated within 30 days of the tenant's occupancy, annually, and as needed with any changes/significant change of tenant. <i>Monitor:</i> Tracking system with calendar notifications for all service plans due has been implemented as of March 15, 2022. Wellness Director will audit monthly. | Completed as of March 15, 2022, and ongoing |
| A 635 481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. | <i>Achieve compliance:</i> Maintenance Director and Executive Director have placed operating alarms on each exit door through the building <i>Prevent Recurrence:</i> All exterior doors are secured; entry and exit are permitted from staff assistance or key fob. <i>Monitor:</i> Each door is checked every two hours by staff to ensure it is operating correctly and alarming appropriately. Maintenance Director will perform monthly audits to verify operating alarm system is functioning properly. | Completed as of March 15, 2022, and ongoing |