

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2022
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NAME OF PROVIDER OR SUPPLIER FOREST PLAZA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 635 HWY 9 EAST FOREST CITY, IA 50436
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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 disorder: 30 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 30</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.</p>	A 000		
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: Based on interview and record review the Program failed to evaluate a tenant's functional, cognitive, and health status as warranted by a significant change of condition and need for</p>	A 145	<p><i>A 145: Forest Plaza RN will evaluate each tenant's functional, cognitive and health status - who has exhibited a significant change of condition - and not less than annually. This measure will become effective on August 1, 2022. Forest Plaza will ensure compliance, ensure that the insufficiency does not recur and monitor performance by reviewing this action during quarterly QI committee meetings.</i></p>	

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

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A 145	<p>Continued From page 1</p> <p>assistance for 1 of 3 tenants reviewed (Tenant #1). Findings follow:</p> <p>Record review on 6-30-22 of Tenant #1's Care Notes dated 11-9-21 revealed a new diagnosis of cellulitis on her right lower leg which required an Unna boot and leg wraps. The Care Notes revealed on-going treatment for dressing changes until 12-21-21. At that time improvement was noted and no further treatment from the nurse was required.</p> <p>No functional, cognitive, and health evaluation for the change in condition could be located.</p> <p>The Registered Nurse confirmed these findings on 6-30-22 at 12:23 p.m.</p>	A 145		
A 350	<p>481-69.26(1) Service Plans</p> <p>69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on evaluations conducted to meet the identified needs for 1 of 3 tenants reviewed (Tenant #1). Findings follow:</p> <p>Record review on 6-30-22 of Tenant #1's Care Notes dated 11-9-21 revealed a new diagnosis of</p>	A 350		

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A 350	<p>Continued From page 2</p> <p>cellulitis on her right lower leg which required an Unna boot and leg wraps. The Care Notes revealed on-going treatment for dressing changes until 12-21-21. At that time improvement was noted and no further treatment from the nurse was required.</p> <p>The Service Plan dated 10-13-21 indicated she received no assistance with activities of daily living and administered her own medications.</p> <p>No functional, cognitive, and health evaluation for the change in condition could be located. The ISP failed to be updated based on the required assessments.</p> <p>The Registered Nurse confirmed these findings on 6-30-22 at 12:23 p.m.</p>	A 350	<p><i>A 350: Forest Plaza will develop / update identified service plan needs for each individual tenant based on evaluation of functional, cognitive and health status (who has exhibited significant change of condition) and not less than annually. This will become effective August 1, 2022. Forest Plaza will ensure compliance, monitor performance, and ensure the insufficiency does not recur, by reviewing this measure during quarterly QA mtgs</i></p>	