

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAPLE GROVE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1917 SOUTH 18TH STREET CENTERVILLE, IA 52544</b>
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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
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A 000	<p><b>Initial Comments</b></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: <b>7</b> Number of tenants with cognitive disorder: <b>2</b> Total census of Program: <b>9</b></p> <p>No regulatory insufficiencies were cited regarding the investigation of Complaint 93826-C or the onsite infection control survey.</p> <p>The following regulatory insufficiency was cited during the recertification visit completed to determine compliance with certification for an Assisted Living Program.</p>	A 000	<p>1) An individualized service plan will be completed for every tenant at time of admission prescreening.</p> <p>2) ISP will be review 30 days after move-in date for every tenant.</p> <p>3) ISP will be reviewed/ update for significant change of condition for every tenant.</p> <p>4) ISP will be reviewed and updated at least annually.</p>	
A 350	<p><b>481-69.26(1) Service Plans</b></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 consistently develop service plans based on evaluations for 1 of 1 tenant reviewed (Tenant #1). Finding follows:</p>	A 350	<p>5) AL Manager will track ISP dates and change of condition events to ensure ISP is completed and updated in a timely manner for every tenant.</p> <p>6) All tenant ISPs will be reviewed and updated to bring into compliance no later than end of day June 30, 2021.</p>	

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

TITLE

(X6) DATE

*Becky Opasnow, RN, BSW  
Administrator & AL Manager*

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A 350	Continued From page 1  Record review on 4/28/21 revealed no current service plan for Tenant #1. The Program had completed evaluations on 8/25/20 and 9/19/20 but failed to develop Tenant #1's service plan from the evaluations. When interviewed on 4/28/21 the Program's administrator acknowledged these findings.	A 350		