

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/12/2021
NAME OF PROVIDER OR SUPPLIER PRIME ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 108 1ST AVENUE NW LE MARS, IA 51031		
(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 disorder: 26 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 27 The following regulatory insufficiency was cited during the recertification of the Program. There were no regulatory insufficiencies cited during the onsite infection control survey.	A 000		
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: Based on interview and record review the Program failed to ensure service plan were developed and signed prior to signing the occupancy agreement for 1 of 3 tenants reviewed (Tenant #1). Findings include:	A 355	<i>Plan of Correction is attached</i> <i>DD</i>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/12/2021
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PRIME ASSISTED LIVING

**108 1ST AVENUE NW
LE MARS, IA 51031**

(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 355	<p>Continued From page 1</p> <p>On 8/11/21 at 4:00 p.m. record review revealed Tenant #1 was admitted to the Program on 5/03/21. Review of Tenant #1's initial service plan dated 5/03/21 revealed the plan had not been signed by the persons who developed the plan. Further review revealed Tenant #1 signed the occupancy agreement 5/1/21, prior to the development of the preliminary service plan.</p> <p>On 8/11/21 at 4:27 p.m. the Director confirmed these findings.</p>	A 355		

A355 481-69.2 (2) Service Plans

69.26 (2) Prior to the tenant's signing the occupancy agreement and taking occupancy of the 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.

Tenant 1 came to sign Occupancy and Service Plan and move in on 05/01/21, it was discovered upon arrival to facility that the tenant was not able to have his oxygen tank moved that day as he had bed bugs and needed to wait for a new oxygen tank to be delivered to the facility. This was not going to take place until 05/03/21. Admin reviewed Occupancy Agreement and signed with tenant on that day. Nursing did not review and sign Service Plan until tenant 1 arrived on 05/03/21. Nursing also did not sign the Service Plan at that time.

Plan of correction: Wellness Director has been re educated on the Initial Health Assessments and its policy and procedures. RN verbalizes understanding policy and procedure and will follow set protocol with all additional move ins. This education was taken 08/12/21. Witness to Service Plans will ensure that all signatures are present. The regulatory insufficiency was corrected on 08/13/21.

✓ 9/14/21

✓ 9/14/21