

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0373</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SILVER PALMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>126 WEST STONEBROOK DRIVE MOUNT PLEASANT, IA 52641</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><b>General Population Program</b></p> <p>Number of tenants without cognitive disorder: 15 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 16</p> <p><b>TOTAL census of Assisted Living Program: 16</b></p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.</p> <p>No regulatory insufficiencies were cited during the investigation of Complaint #94392-C or the onsite infection control survey.</p>	A 000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state :</p> <p><b>EVALUATION OF TENANT</b></p> <p>1. Elements detailing how the program will correct each regulatory insufficiency, including at the system level.</p> <p>A. A health/functional/cognitive evaluation will be completed by the RN for Tenant #1. B. The RN will be educated on triggers that may be considered a significant change in health status. This training will include review of regulatory requirements for Evaluation of Tenant.</p> <p>2. What measures will be taken to ensure the problem does not recur.</p> <p>A. The RN or designee will be educated on triggers that may be considered a significant change in health status. This training will include review of regulatory requirements for Evaluation of Tenant. B. The RN will review staff communication, progress notes, and physician communication to monitor for tenant status change.</p> <p>3. How the program plans to monitor performance to ensure compliance.</p> <p>A. The RN or designee will audit tenant charts, at least every 6 months, to ensure compliance.</p> <p>4. The date by which the regulatory insufficiency will be corrected</p> <p>A. The regulatory insufficiency will be corrected on or before November 15, 2021.</p> <p><b>SERVICE PLANS</b></p> <p>1. Elements detailing how the program will correct each regulatory insufficiency, including at the system level.</p> <p>A. The service plan will be updated for Tenant #2.</p> <p>B. All tenant service plans will identify tenant needs and preferences for assistance.</p> <p>2. What measures will be taken to ensure the problem does not recur.</p> <p>A. The RN or designee will be educated on service planning.</p> <p>3. How the program plans to monitor performance to ensure compliance.</p> <p>A. The RN or Designee will audit tenant charts, at least every 6 months, to ensure compliance.</p> <p>4. The date by which the regulatory insufficiency will be corrected.</p> <p>A. The regulatory insufficiency will be corrected on or before November 15, 2021.</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>	A 145		

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

*Sheila Mathoney*

TITLE

Director

(X6) DATE

10/20/21

*10/20/21*

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A 145	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a functional, cognitive, and health assessment for 1 of 1 tenants reviewed with a significant change in health status (Tenant #1). Findings follow:</p> <p>On 9-16-21 review of Tenant #1's Nurse Review dated 9-14-21 revealed increased incontinence required toileting assistance to be completed at 10 p.m., midnight, and as needed. The Program updated her service plan to reflect the increased need for assistance with toileting. No functional, cognitive, or health evaluation could be located for the significant change in health status.</p> <p>On 9-16-21 at 2:16 p.m. the Director confirmed these findings.</p>	A 145		
A 395	<p>481-69.26(4)a Service Plans</p> <p>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>a. The tenant's identified needs and preferences for assistance</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans addressed identified needs for 1 of 1 tenants reviewed with food allergies (Tenant #2). Findings follow:</p> <p>On 9-16-21 review of Tenant #2's face sheet noted allergies to milk and fruit. The Program failed to include these allergies in the service</p>	A 395		

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A 395	Continued From page 2 plan.  On 9-16-21 at 2:16 p.m. the Director confirmed these findings.	A 395		