

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/01/2022
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NAME OF PROVIDER OR SUPPLIER NEWTON VILLAGE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 122 N 5TH AVENUE WEST NEWTON, IA 50208
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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	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 impairment: 24 Number of tenants with cognitive impairment: 0 Total census: 24 The following regulatory insufficiency was cited during the investigation of Complaints 104899-C and 104350-C as well as the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the service plan included identified needs for 1 of 1 tenant reviewed for involuntary discharge (Tenant #C1). Finding follows: Record review on 11/29/22 revealed Tenant #C1's Notice of Non-Retention Program Initiation of Transfer dated 3/31/22. According to the notice, the Program could no longer safely address Tenant #C1's condition and level of function.	A 395	<p>Service Plans PLAN OF CORRECTION</p> <p>In continuing compliance with 481-69.26(4)a Service Plans – The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance</p> <p>- To correct the insufficiency, including at the system level, and to ensure compliance with residents in similar situations, a complete audit of all Service Plans has been conducted by Director of Nursing or Designee.</p> <p>-To ensure this problem does not recur, complete Service Plan audits will be conducted by Director of Nursing or Designee at least annually.</p> <p>-As part of Newton Village's ongoing commitment to quality assurance to monitor performance and ensure compliance, this topic has been added to the Newton Village Quality Assurance program.</p>	01/27/2023

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

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A 395	<p>Continued From page 1</p> <p>Review on 11/30/22 revealed Tenant #C1's service plan dated 3/24/22. The service plan included the following under mobility/transfer: "He requires the assist of one staff to transfer to the toilet, off of the toilet and on and off the bed." Further review revealed Tenant #C1 could not always stand and bear weight on his left leg. The service plan included the following statement: "Staff encouraged to seek the help of another attendant when transferring (Tenant #C1)." Further review revealed the nurse review section of the service plan revealed the following: "One staff member can transfer him using a gait belt." "It is ideal to have another staff person move the electric wheelchair out of the way for the transfer."</p> <p>Further review revealed Resident Notes dated 3/24/22 regarding a review of a fall. The nurse noted Tenant #C1 denied pain and had no injuries. According to the note, RN B wrote Tenant #C1 was becoming more difficult to help Tenant #C1 with transfers and it may be necessary to consider a higher level of care.</p> <p>When interviewed on 12/1/22 at 11:00 a.m. the Program Administrator, the Director of Nursing (DON) and the Registered Nurse (RN) A explained Tenant #C1 had been given the notice of non-retention because he required a two-person assist more often than not. During the interview Program staff explained direct care staff had been using a two person assist more often than not but could not provide documentation. They also said a fall on 3/22/22 led them to determine they could not meet Tenant #C1's with a one person assist. Program staff provided a document with dates 3/30/22, 4/4/22 and 4/6/22 entitled R Tasks. Review of the</p>	A 395		

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A 395	<p>Continued From page 2</p> <p>document revealed no direction to staff regarding Tenant #C1's transfer status.</p> <p>Tenant #C1's service plan dated 3/24/22 signed by the Program (RN B) and Tenant #C1 did not include direction to staff regarding the requirement of a two person assist. The Program staff explained they contracted with RN B to complete evaluations. The nurse had completed the 90-day evaluation and service plan update, signed it and had Tenant #C1 sign the service plan dated 3/24/22. Tenant #C1's service plan failed to address/include tenant #C1's current identified needs per the Program's Director, DON and RN A.</p>	A 395		