

ok 3/1/22

PRINTED: 02/08/2022
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/09/2021
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NAME OF PROVIDER OR SUPPLIER
HOLLAND FARMS SENIOR LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**2800 SUNSET DRIVE
NORWALK, IA 50211**

(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: 34 Number of tenants with cognitive disorder: 5</p> <p>TOTAL census of Assisted Living Program: 39</p> <p>The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification of an Assisted Living .</p> <p>No regulatory insufficiencies were cited during the onsite infection control visit.</p>	A 000	<p>Holland Farms makes its best effort to operate in substantial compliance with both Federal and State Laws.</p> <p>Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies. This Plan of Correction (POC) is prepared and/ or executed solely because it is required by Federal and State Laws.</p>	
A 140	<p>481-69.22(2) Evaluation of Tenant</p> <p>69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status within 30 days of occupancy for 3 of 4 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review of tenant files on 11-8-21 revealed the following:</p>	A 140	<p>POC ok 3/8/22</p> <p>The facility does and will evaluate the tenant's functional, cognitive and health status within 30 days of occupancy.</p> <ol style="list-style-type: none"> The facility will do a complete audit of all tenants service plans to determine if the tenant has a 30 day assessment on file. Tenants electronic record of assessment due dates will be updated to reflect when the 30 day assessment is due. 	

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

Debra Matman

EXECUTIVE DIRECTOR
Executive Director 2/18/22

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HOLLAND FARMS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SUNSET DRIVE NORWALK, IA 50211		
(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 140	Continued From page 1 1. Tenant #1 was admitted on 9-14-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. 2. Tenant #2 was admitted on 9-7-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. 3. Tenant #3 was admitted on 5-26-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The Administrative Executive Director confirmed these findings on 11-8-21 at 3:20 p.m.	A 140	3. The assessment completion report will be reviewed weekly in the leadership meeting to ensure assessments are being done timely. 4. The insufficiency will be corrected by March 8 th .	
A 350	481-89.26(1) Service Plans 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans based on the required evaluations for 3 of 4 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review of tenant files on 11-8-21 revealed	A 350	A350 The facility does and will develop a service plan for each tenant based on the evaluation conducted by the designated professional. The service plan reflects the individual needs of each tenant. 1. The DON and or designee will conduct an audit on all tenants to ensure each tenant has a service plan. 2. Upon completion of an assessment the service plan will be updated to reflect any changes and the updated service plan will be placed in the binder. 3. This will be monitored with monthly audits by	

DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER HOLLAND FARMS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SUNSET DRIVE NORWALK, IA 50211
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A 350	Continued From page 2 the following: 1. Tenant #1 was admitted on 9-14-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The service plan failed to be updated based on the required assessments. 2. Tenant #2 was admitted on 9-7-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The service plan failed to be updated based on the required assessments. 3. Tenant #3 was admitted on 5-26-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The service plan failed to be updated based on the required assessments. The Administrative Executive Director confirmed these findings on 11-8-21 at 3:20 p.m.	A 350	the Director designee to ensure the most recent service plan is in the binder. 4. The insufficiency will be corrected by March 8 th	
A 405	481-69.26(4)c Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include outside service providers for 4 of 4 tenants reviewed (Tenant #1,	A 405	A405 The facility does and will be provide individualized service plans that indicate additional service providers other than the program. 1. An audit will be conducted on all service plans to ensure additional service providers and the service is listed. 2. Each tenant's service plan will be updated by the DON or designee when a new service provider is added or discharged. This includes services provided by each discipline to include: therapy services, hospice, home health, etc. 3. These updates will be monitored through the QA process by Director or designee. 4. This insufficiency will be corrected by March 8 th .	

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HOLLAND FARMS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SUNSET DRIVE NORWALK, IA 50211		
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A 405	<p>Continued From page 3</p> <p>Tenant #2, Tenant #3, and Tenant #4). Findings follow:</p> <p>Record review of tenant files on 11-8-21 revealed the following:</p> <ol style="list-style-type: none"> 1. Tenant #1's Observation Notes dated 10-22-21 revealed she received physical and occupational therapy (OT/PT) two times per week. The service plan failed to be updated to reflect these services. 2. Tenant #2's Observation Notes dated 9-9-21 revealed she received PT services two times per week. Notes dated 10-22-21 revealed a discharge from PT. The service plan failed to be updated to reflect these services. 3. Tenant #3's Observation Notes dated 8-11-21 revealed he received PT services three times per week. Notes dated 8-30-21 revealed a discharge from PT. The service plan failed to be updated to reflect these services. 4. Tenant #4's Observation Notes dated 9-1-21 revealed she received PT services three times per week and OT services two time per week. Notes dated 10-14-21 revealed a discharge from PT. The service plan failed to be updated to reflect these services. <p>The Administrative Executive Director confirmed these findings on 11-8-21 at 3:20 p.m.</p>	A 405		