

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COPPERWOOD AT PRAIRIE TRAIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2855 SW VINTAGE PARKWAY ANKENY, IA 50023</b>
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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 impairment:33 Number of tenants with cognitive impairment: 1 Total census: 34</p> <p>The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program.</p>	A 000		
A 135	<p>481-67.2(1)f Program Policies and Procedures</p> <p>67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following:</p> <p>f. A copy of the completed incident report shall be kept on file on the program's premises for a minimum of three years.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the incident reporting policy included the required time frame of three years for the retention of Incident Reports (IR). Finding follows:</p> <p>Record review on 1/30/25 of the Program's</p>	A 135		

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

TITLE

(X6) DATE

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A 135	Continued From page 1  Incident and Accident Procedure revealed the policy/procedure directed reports be kept for 12 months from the date of the incident.  During the exit on 2/4/25 at 3:00 p.m. the administrative team acknowledged the Program followed the policy in place.	A 135		
A 150	481-67.2(3) Program Policies and Procedures  67.2(3) The program shall follow the policies and procedures established by the program.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently follow the program policies and procedures regarding incident reports. Finding follows:  On 1/28/25 upon entrance the surveyor requested Incident Reports (IRs). The Program provided a summary of IRs from Point Click Care (PCC).  On 2/3/25 at 10:03 a.m. the Delegating Nurse (DN) provided handwritten IRs and said the majority of IRs were done online (PCC).  Review of the Program's Incident and Accident Procedure dated 3/1/21 revealed any adverse event or unusual occurrence, resulting in an injury or potential injury to a resident, is defined as an incident or accident. An Incident/Accident form must be completed.  When interviewed on 2/3/25 at 10:28 a.m. the DN	A 150		

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A 150	Continued From page 2  said prior to January, staff would report the situation to the medication aides and/or nurse who would enter into PCC. She added in January, the Program directed staff to use the appropriate form.  When interviewed on 2/4/25 the Director said the Program's policy did not require the incident/accident form to be completed and reporting could be done via the form and/or PCC.	A 150		
A 107	231C.5 2 Occupancy Agreement  231C.5 Written occupancy agreement required.  2. An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments:  a. A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs. b. (1) A statement regarding the impact of the fee structure on third-party payments, and whether third-party payments and resources are accepted by the assisted living program. (2) The occupancy agreement shall specifically include a statement regarding each of the following: (a) Whether the program requires disclosure of a tenant's personal financial information for occupancy or continued occupancy. (b) The program's policy regarding the	A 107		

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A 107	<p>Continued From page 3</p> <p>continued tenancy of a tenant following exhaustion of private resources.</p> <p>(c) Contact information for the department of human services and the senior health insurance information program to assist tenants in accessing third-party payment sources.</p> <p>c. The procedure followed for nonpayment of fees.</p> <p>d. Identification of the party responsible for payment of fees and identification of the tenant's legal representative, if any.</p> <p>e. The term of the occupancy agreement.</p> <p>f. A statement that the assisted living program shall notify the tenant or the tenant's legal representative, as applicable, in writing at least thirty days prior to any change being made in the occupancy agreement with the following exceptions:</p> <p>(1) When the tenant's health status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation.</p> <p>(2) When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the assisted living program.</p> <p>g. A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law.</p> <p>h. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer.</p> <p>i. The internal appeals process provided relative to an involuntary transfer.</p> <p>j. The program's policies and procedures for</p>	A 107		

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A 107	<p>Continued From page 4</p> <p>addressing grievances between the assisted living program and the tenants, including grievances relating to transfer and occupancy.</p> <p>k. A statement of the prohibition against retaliation as prescribed in section 231C.13.</p> <p>l. The emergency response policy.</p> <p>m. The staffing policy which specifies if nurse delegation will be used, and how staffing will be adapted to meet changing tenant needs.</p> <p>n. In dementia-specific assisted living programs, a description of the services and programming provided to meet the life skills and social activities of tenants.</p> <p>o. The refund policy.</p> <p>p. A statement regarding billing and payment procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure occupancy agreements signed by tenants prior to the monitoring visit included all information required by Iowa Administrative Code chapter 231C.5. This pertained to 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow:</p> <p>Record review on 2/3/25 revealed the Program's Occupancy Agreement failed to include the following required information:</p> <ul style="list-style-type: none"> <li>- Whether the Program required disclosure of a tenant's personal financial information for occupancy or continued occupancy.</li> <li>- A statement of the prohibition against retaliation as prescribed in section 231C.13</li> <li>- Contact information for the department of health and human services and the senior health insurance information program to assist tenants</li> </ul>	A 107		

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A 107	Continued From page 5  in accessing third-party payment sources.  When interviewed on 2/3/25 the Director confirmed the Program's OA failed to include all required information and planned to work with legal counsel to revise the OA to meet the requirements.	A 107		
A 115	481-69.21(2)a,b,c,d,e,f Occupancy Agreement  69.21(2) In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments:  a. The telephone number for filing a complaint with the department. b. The telephone number for the office of long-term care ombudsman. c. The telephone number for reporting dependent adult abuse. d. A copy of the program ' s statement on tenants' rights. e. A statement that the tenant landlord law applies to assisted living programs. f. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes voluntary decertification, except in cases of emergency.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure occupancy agreements	A 115		

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A 115	<p>Continued From page 6</p> <p>signed by tenants prior to the monitoring visit included required information in addition to that required by Iowa Administrative Code chapter 231C.5. This pertained to 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow:</p> <p>Record review on 2/3/25 revealed the Program's Occupancy Agreements (OA) for Tenants #1, #2, #3 and #4 failed to include the following information:</p> <ul style="list-style-type: none"> <li>- telephone number for the long-term care ombudsman.</li> <li>- correct information and telephone number for filling a complaint and reporting Dependent Adult Abuse with the Department.</li> <li>- a statement that tenant landlord law applied to assisted living programs.</li> </ul> <p>During the exit on 2/4/25 at 3:00 p.m. the administrative team acknowledged the Program failed to include this information in Occupancy Agreements.</p>	A 115		
A 135	<p>481-69.22(1) Evaluation of Tenant</p> <p>69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the</p>	A 135		

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A 135	<p>Continued From page 7</p> <p>program may discontinue the GDS and revert to a scored cognitive screening tool.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete pre-occupancy evaluations as required. This pertained to 4 of 4 tenants reviewed (Tenants #1 - #4). Finding follows:</p> <p>Record review on 1/29/25 and 2/3/25 revealed the following regarding evaluations:</p> <p>Review of Tenant #1's Iowa Assisted Living Assessment (IALA) dated 6/6/24 revealed the health section was not thoroughly completed and did not evaluate Tenant #1's current health status.</p> <p>Review of Tenant #2's IALA dated 6/13/24 revealed the health section was not thoroughly completed and did not evaluate Tenant #2's current health status.</p> <p>Review of Tenant #3's IALA dated 12/20/24 revealed the health section was not thoroughly completed and did not evaluate Tenant #3's current health status.</p> <p>Review of Tenant #4's IALA dated 10/14/24 revealed the health section was not thoroughly completed did not evaluate Tenant #4's current health status.</p> <p>During the exit on 2/4/25 at 3:00 p.m. the Program's Administrative Staff acknowledged the above findings.</p>	A 135		

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A 355 A 355	Continued From page 8 481-69.26(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 consistently develop service plans prior to signing the occupancy agreement. This pertained to 1 of 4 tenants reviewed (Tenant #2). Finding follows:  Record review on 2/4/25 revealed Tenant #2 was admitted to the Program on 6/30/24. Evaluations were completed on 6/13/24 but there was no service plan developed prior to Tenant #2 signing the occupancy agreement on 6/26/24.  During the exit on 2/4/25 at 3:00 p.m. the administrative staff acknowledged the Program failed to develop a service plan.	A 355 A 355		
A 385	481-69.26(3)d Service Plans  69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not	A 385		

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A 385	<p>Continued From page 9</p> <p>less than annually.</p> <p>d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were updated, signed and dated within 30 days of occupancy. This pertained to 2 of 4 tenants reviewed (Tenants #2,#3). Findings follow:</p> <p>Record review on 1/30/25 revealed the following:</p> <p>Tenant #2 had an occupancy date of 6/30/24. The service plan in her file was dated 6/13/24. No updated service plan within 30 days could be located</p> <p>Tenant #3 had an occupancy date of 12/28/24. The service plan in her file was dated 12/28/24. No updated service plan within 30 days could be located</p> <p>During the exit on 3/4/25 at 3:00 p.m. the administrative team confirmed the Program provided all requested documentation of updated service plans.</p>	A 385		
A 415	<p>481-69.26(4)e Service Plans</p> <p>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>e. Preferences, if any, of the tenant or the tenant's legal representative for nursing facility</p>	A 415		

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A 415	<p>Continued From page 10</p> <p>care, if the need for nursing facility care presents itself during the assisted living program occupancy.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include tenant preference for nursing facility care. This pertained to 3 of 4 tenants reviewed (Tenants #1, #3, #4). Findings follow:</p> <p>Record review on 1/30/25 and 2/3/25 revealed tenant service plans failed to include nursing facility preference for the following tenants:</p> <p>Tenant #1's service plan dated 6/28/24 Tenant #3's service plan dated 12/28/24 Tenant #4's service plan dated 10/26/24</p> <p>During the exit on 2/4/25 at 3:00 p.m. the administrative team confirmed all requested documentation had been provided.</p>	A 415		
A 430	<p>481-69.27(1)c Nurse Review</p> <p>69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:</p> <p>c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;</p>	A 430		

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A 430	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to consistently complete 90-day nurse reviews for tenants who received health related care. This pertained to 1 of 2 tenants who required nurse reviews (Tenant #2). Finding follows:</p> <p>Record review on 2/3/25 revealed Tenant #2 took occupancy on 6/26/24. Further review revealed no 90-day nurse reviews had been completed for Tenant #2.</p> <p>When interviewed on 2/3/24 at 3:30 p.m. the Delegating Nurse (DN) confirmed no 90-day nurse reviews had been completed.</p>	A 430		