DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0387	A. BUILDING: _____ B. WING _____	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR AT JORDAN CREEK AL	525 S 60TH STREET WEST DES MOINES, IA 50266

(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 for People are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 47 Number of tenants with cognitive impairment: 0 Total census: 47 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a child and dependent adult abuse background check prior to employment for 1 of 7 staff reviewed (Staff A). Findings follow: Record review of staff files on 11/6/23 revealed the following: Staff A was hired 4/21/21. A Single Contact	A 400	POC—Executive Director will review each background prior to employment to ensure check completed correctly and will meet compliance. Employer has audited all current employee files and brought them into compliance.	

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A 400	Continued From page 1 License and Background Check was completed for a criminal history on 4/7/21. No backgound check for child or dependent adult abuse could be located. On 11/6/23 at 2:44 p.m. the Executive Director confirmed these findings.	A 400		
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to request and evaluation for a criminal charge from the Department of Health and Human Services (HHS) prior to employment for 2 of 2 staff reviewed with a criminal history (Staff B and Staff C). Findings follow: Record review of staff files on 11/6/23 revealed the following: 1. Staff B was hired 10/31/22. A Single Contact License and Background Check was completed 10/28/22 which revealed a criminal charge. No evaluation completed by HHS to determine if the person could work at the Program could be located. 2. Staff C was hired 6/1/23. A Single Contact License and Background Check was completed 6/1/23 which revealed a criminal charge. No	A 435	POC—Executive Director will review all background checks. Any criminal charges that appear, are to be sent through HHS. Employee will not start working until HHS has given written approval for them to work. Employer has audited all current employee files and brought them into compliance	

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A 435	Continued From page 2 evaluation completed by HHS to determine if the person could work at the Program could be located. On 11/6/23 at 2:44 p.m. the Executive Director confirmed these findings.	A 435		
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 develop individualized service plans to include the identified needs and preferences of the tenants. This pertained to 3 of 4 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review of Tenant files on 11/20/23 revealed the following: 1. Tenant #2's Progress Notes dated 7/6/23 included an order for daily weights and an order for additional dose of lasix if she gained 2 pounds or more. The need for monitoring of daily weights was not added to the service plan. 2. Tenant #3's Progress Notes dated 11/10/23 revealed an alarm was installed on her apartment door for safety due to increased cognitive impairment and pending move to the memory care unit. The need for a door alarm was not	A 395	POC—New orders pertaining to cares will be added to the care plan by coordinators. Documentation will be added to the electronic chart upon completion. These orders will be discussed during daily clinical meeting. Wellness Director and her team are performing an audit to ensure compliance.	

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A 395	Continued From page 3 added to the service plan. 3. Tenant #4's Progress Notes dated 8/3/23 noted an order to continue wearing compression stockings and to elevate his legs 3-4 hours per day. The need to elevate his legs was not added to the service plan. On 11/21/23 at 1:00 p.m. the Executive Director confirmed these findings.	A 395		