

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/28/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

INDEPENDENCE VILLAGE OF PELLA MC **2604 FIFIELD ROAD**
PELLA, IA 50219

(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 with Dementia 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: 2 Number of tenants with cognitive impairment: 6 Total census: 8 No regulatory insufficiencies were cited during the investigation of Complaint #110171-C. 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 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide nurse delegation training to staff within 30 days of hire to ensure staff were competent to meet the needs of the tenants. This pertained to 2 of 3 caregiver staff reviewed (Staff B and Staff D). Findings follow:	A 345		

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

TITLE

(X6) DATE

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A 345	Continued From page 1 Review of staff files on 6/26/23 revealed the following: 1. Staff B was hired 1/30/23. Training from the Registered Nurse (RN) completed within 30 day of hire could not be located. 2. Staff D was hired 10/17/22. Training from the RN completed within 30 days of hire could not be located. On 6/26/23 at 2:12 p.m. the Regional Wellness Coordinator confirmed these findings.	A 345		
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide two hours of dependent adult abuse training within six months of employment. This pertained to 3 of 5 staff reviewed employed more than 6 months (Staff A, Staff C, and Staff D). Findings follow: Chapter 235B.16 requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter.	A 380		

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A 380	Continued From page 2 Review of staff files on 6/26/23 revealed a two hour dependent adult abuse training could not be located for the following staff: 1. Staff A, hired 6/6/22. 2. Staff C, hired 2/12/21. 3. Staff E, hired 4/4/22. On 6/26/23 at 2:12 p.m. the Regional Wellness Coordinator confirmed these findings.	A 380		
A 135	481-69.22(1) Evaluation of Tenant 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 program may discontinue the GDS and revert to a scored cognitive screening tool. 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 prior to admission for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow:	A 135		

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A 135	Continued From page 3 Record review of tenant files on 6/27/23 revealed the following: 1. Tenant #1 was admitted on 1/15/23. No functional, cognitive, or health evaluations completed prior to admission could be located. 2. Tenant #2 was admitted on 9/14/22. No functional, cognitive, or health evaluations completed prior to admission could be located. The Regional Wellness Director confirmed these findings on 6/28/23 at 11:45 a.m.	A 135		
A 140	481-69.22(2) Evaluation of Tenant 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. 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 prior to admission for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 6/27/23 revealed the following: 1. Tenant #1 was admitted on 1/15/23. No	A 140		

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A 140	Continued From page 4 functional, cognitive, or health evaluations completed within 30 days of occupancy could be located. 2. Tenant #2 was admitted on 9/14/22. No functional, cognitive, or health evaluations completed within 30 days of occupancy could be located. The Regional Wellness Director confirmed these findings on 6/28/23 at 11:45 a.m.	A 140		
A 350	481-69.26(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 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 6/27/23 revealed the following: 1. Tenant #1 was admitted on 1/15/23. No functional, cognitive, or health evaluations completed prior to occupancy and within 30 days	A 350		

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A 350	Continued From page 5 of occupancy could be located. The service plan failed to be based on the required evaluations. 2. Tenant #2 was admitted on 9/14/22. No functional, cognitive, or health evaluations completed prior to occupancy and within 30 days of occupancy could be located. The service plan failed to be based on the required evaluations. The Regional Wellness Director confirmed these findings on 6/28/23 at 11:45 a.m.	A 350		
A 430	481-69.27(1)c Nurse Review 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: 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; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to assess and document the health status of each tenant receiving personal or health-related care at least every 90 days. This pertained to 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review of Tenant files on 6/27/23 revealed the following:	A 430		

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A 430	Continued From page 6 1. Tenant #1's Progress Notes dated 1/15/23 through 6/27/23 revealed the Program managed the tenant's medications. The tenant also received physical therapy services, which had been discontinued 3/16/23. No nurse review to monitor progress and assess the health status of the tenant at least every 90 days could be located. 2. Tenant #2's Service Plan dated 2/20/23 revealed she required assistance with medications, bathing, and grooming. No nurse review to monitor progress and assess the health status at least every 90 days could be located. The Regional Wellness Director confirmed these findings on 6/28/23 at 11:45 a.m.	A 430		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide eight hours of dementia specific training within 30 days of employment. This pertained to 7 of 7 caregiver staff reviewed (Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, and Staff G). Findings follow:	A 545		

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A 545	<p>Continued From page 7</p> <p>Review of staff files on 6/26/23 revealed the following:</p> <ol style="list-style-type: none"> 1. Staff A was hired 6/6/22 and no dementia training completed within the first 30 days of employment could be located. 2. Staff B was hired 1/30/23 and no dementia training completed within the first 30 days of employment could be located. 3. Staff C was hired 2/12/21 and no dementia training completed within the first 30 days of employment could be located. 4. Staff D was hired 4/4/22 and no dementia training completed within the first 30 days of employment could be located. 5. Staff E was hired 4/4/22 and completed 3.5 hours of dementia training in the first 30 days of employment. 6. Staff F was hired 4/4/22 and no dementia training completed within the first 30 days of employment could be located. 7. Staff G was hired 4/4/22 and no dementia training completed within the first 30 days of employment could be located. <p>On 6/26/23 at 2:12 p.m. the Regional Wellness Coordinator confirmed these findings.</p>	A 545		