

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0344	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/19/2022
NAME OF PROVIDER OR SUPPLIER AMELIA PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 57 WEST FERNDAL DRIVE CO BLUFFS, IA 51503		
(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 disorder: 27 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 39 No regulatory insufficiencies were cited during the investigation of Complaints #100936-C or #101304-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000		
A 340	481-67.9(4)a 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: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 340	Plan of Correction A340 On 9/7/22, Care Services Manager, Registered Nurse (RN) (CSM) and/or designee conducted and documented a review ensuring staff were competent in their duties and sufficiently trained for Staff A, Staff B, and Staff C. On 7/20/22, CSM conducted an audit of current staff records who required RN delegations to ensure a document review was conducted within 60 days of hire ensuring staff were competent in their duties. If any discrepancies were noted, CSM completed and documented a review of competence at time of finding. For newly hired care staff, CSM and/or designee will ensure documentation of a document review is completed within 60 days of hire ensuring staff are sufficiently trained and competent in their duties for those that require RN delegation. On September 8, 2022, Regional Director of Care Services (RDCS) provided education to Executive Director (ED) and CSM regarding the requirement for a newly hired RN beginning employment as the programs RN to document review within 60 days of hire ensuring staff are sufficiently trained and competent in their duties for those that require RN delegation. CSM will be responsible for sustained compliance. The ED and/or designee will audit the records of current employees files to ensure a document review is completed within 60 days of hire ensuring staff are sufficiently trained and competent in their duties for those that require RN delegation weekly for four weeks, biweekly for four weeks, then monthly for one month. Results of the audit will be discussed during QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going Completion: 9/1/22	9/1/2022

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

TITLE

(X6) DATE

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A 340	Continued From page 1 Program's registered nurse (RN) failed to document a review within 60 days of hire ensuring staff were competent regarding 3 of 3 staff reviewed who required RN delegations (Staff A, Staff B, and Staff C). Findings follow: The current RN was hired 4-18-22. Review of staff files on 7-18-22 revealed the following: - Staff A was hired on 10-6-21. - Staff B was hired on 1-26-21. - Staff C was hired on 1-22-22. No documented review completed by the new RN within 60 days ensuring staff were sufficiently trained and competent in their duties could be located. The RN confirmed these findings on 7-19-22 at 10:23 a.m.	A 340		
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 the required 2 hours of dependent adult abuse training within 6 months of employment for 2 of 4 staff reviewed (Staff A and Staff D). Findings follow: Review of staff files on 7-18-22 revealed the	A 380	Plan of Correction A 380 On 7/25/22, ED provided and completed the 2 hours of dependent adult abuse training to Staff A and Staff D. On 7/25/22, ED and/or designee conducted an audit of current employee files to ensure the required 2 hours of Dependent Adult Abuse training is completed. If any discrepancies were noted arrangements were immediately made to ensure compliance. Required trainings will be completed by October 1, 2022. The ED and/or designee will ensure newly hired staff will complete the required 2 hours of Dependent Adult abuse training within 6 months of employment. A copy of the completions will be placed in the employee education file. On July 19, 2022, RDCS provided education not ED on the requirement that staff complete 2 hours of dependent adult abuse training within 6 months of employment. The ED will be responsible for sustained compliance. The ED and/or designee will audit 5 employees files weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure the required 2 hours of dependent adult abuse training is completed. Results of the audit will be discussed during QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going Completion: 9/1/22	9/1/2022

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A 380	Continued From page 2 following: - Staff A was hired 10-6-21. No dependent adult abuse training could be located. - Staff D was hired 9-15-21. No dependent adult abuse training could be located. The Executive Director confirmed these findings on 7-19-22 at 12:23 p.m.	A 380			
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. 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. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate functional, cognitive, and health status as warranted by a change of condition and need for services for 3 of 4 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Review of tenant files on 7-19-22 revealed the following: - Tenant #1's Resident Service Notes dated 10-24-21 revealed the family asked the Program	A 145	Plan of Correction A 145 On 8/7/22, CSM updated plan of care to reflect the current health, functional, and cognitive status of Tenant #1, Tenant #2 and Tenant #3. By 8/15/22, CSM and/or designee will complete an audit of current tenant service plans to ensure functional, cognitive and health status evaluations are completed with changes to service plans that are identified as significant change. If discrepancies are noted then they will be rectified.. RDCS provided education to CSM on the requirement to evaluate functional, cognitive and health status as warranted by a change of condition and need for services.). The CSM will be responsible for sustained compliance. CSM will audit 4 tenant charts weekly for four weeks, biweekly for four weeks, then monthly for one month for significant changes that warrant evaluation of functional, cognitive and health status and need for services. Results of the audit will be discussed during QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going Completion: 9/1/22		9/1/2022