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
	S0347	A. BUILDING: _____ B. WING _____	07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN PLACE	1406 EAST 19TH STREET ATLANTIC, IA 50022

(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. General Population Program Number of tenants without cognitive disorder: 29 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 38 TOTAL census of Assisted Living Program: 38 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. No regulatory insufficiencies were cited during the onsite infection control survey.	A 000	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	
A 410	481-69.26(4)d Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include a list of person-centered planned and spontaneous activities for tenants unable to plan their own	A 410	A 410 481-69.26(4)d Service Plans **Step 1) How will corrective action be accomplished for those residents/staff found to have been affected by the deficient practice?** On 8-1-21, The Care Services Manager (CSM) *implemented* corrective actions for resident #2 and resident #3 by updating their service plans to include a list of spontaneous and planned activities based off their individual interest. Resident #1 and #4 are discharged from the community. **Step 2) How will the community identify other residents/staff having the potential to be affected by the same deficient practice?** By 10-1-21, CSM will complete audit on current residents service plans who are unable to plan their own activities, including those with dementia, to ensure the their service plans include a list of spontaneous and planned activities based off their individual interest. Service plans will be updated as needed at the time of findings. A 410 481-69.26(4)d Service Plans	

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A 410	Continued From page 1 activities. This pertained to 2 of 3 tenants reviewed with a cognitive impairment (Tenant #1 and Tenant #2). Findings follow: Record review on 7-13-21 revealed the following: 1. Tenant #1's Global Deterioration Scale, dated 6-4-21, revealed she scored a 5 and indicated moderately severe cognitive impairment. The Service Plan, dated 6-4-21, revealed inability to recall time, date, or place and required re-orientation as needed. Continued review revealed she received a monthly calendar with activities listed and staff provided reminders to attend. The service plan failed to include a list of spontaneous and planned activities based on Tenant #1's interests. 2. Tenant #2's Global Deterioration Scale, dated 6-15-21, revealed she scored a 6 and indicated severe cognitive impairment. The Service Plan, dated 6-15-21, revealed inability to answer questions and relies on her husband for assistance. Continued review revealed she received a monthly calendar with activities listed and staff provided reminders to attend. The service plan failed to include a list of spontaneous and planned activities based on Tenant #2's interests. On 7-13-21 at 4:35 p.m. the Care Services Manager confirmed these findings.	A 410	**Step 3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?** On (9-23-21), Regional Director of Clinical services provided in-service training to Care Services Manager on including a list of spontaneous and planned activities to residents service plans based off their individual interest if residents are unable to plan their own activities, including those with dementia. **Step 4) How will the community monitor its corrective actions to ensure that the deficient practice will not recur?** Executive Director and/or designee will complete audits on 5 residents service plans who are unable to plan their own activities, including those with dementia to ensure their service plans include a list of spontaneous and planned activities based off their individual interest weekly for four weeks, biweekly for four weeks, then monthly for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going. **Step 5) Completion Date/Allegation of Compliance (AOC)** 10-1-21	
A 465	481-69.28(5) Food Service	A 465		

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A 465	Continued From page 2 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide annual in-service training on safe food handling for 4 of 8 staff reviewed (Staff A, Staff B, Staff C, And Staff D). Findings follow: Record review of Staff files on 7-13-21 revealed the following: Staff A was hired 9-18-19 and no annual food safety and sanitation training could be located. Staff B was hired 8-30-19 and no annual food safety and sanitation training could be located. Staff C was hired 5-13-19 and no annual food safety and sanitation training could be located. Staff D was hired 10-4-19 and no annual food safety and sanitation training could be located. The Executive Director confirmed these findings on 7-13-21 at 1:28 p.m.	A 465	

A 465 481-69.28(5) Food Service

Step 1) How will corrective action be accomplished for those residents/staff found to have been affected by the deficient practice?
On (July 22, 2021) Executive Director implemented corrective actions for staff A, staff B, staff C, and staff D including: providing staff in-service training on sanitation and safe food handling.

Step 2) How will the community identify other residents/staff having the potential to be affected by the same deficient practice?
On (9-23-21), the RDCS completed an audited personnel records of staff who are responsible for food preparation and/or service to ensure they received in-service training on sanitation and safe food handling during orientation and annually. No additional staff identified that are providing any food handling.

Step 3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?
On (7-22-21), Executive Director implemented measures so that this practice does not recur, including: providing re-education to (what staff) on requirement for staff who are responsible for food preparation and/or service to receive in-service training on sanitation and safe food handling during orientation and annually.

Step 4) How will the community monitor its corrective actions to ensure that the deficient practice will not recur?
Executive Director and/or designee will complete audits personnel records of staff who are responsible for food preparation and/or service to ensure they received in-service training on sanitation and safe food handling during orientation and annually weekly for four weeks, biweekly for four weeks, then monthly for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going

Step 5) Completion Date/Allegation of Compliance (AOC)
10-1-21