

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  S0372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/18/2021
NAME OF PROVIDER OR SUPPLIER  EDENCREST AT THE LEGACY		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 CEDAR STREET NORWALK, IA 50211		
(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  Assited 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 onsite review.  General population: Number of tenants without cognitive disorders: 27 Number of tenants with cognitive disorders: 3  Memory Care Unit: Number of tenants without cognitive disorders: 0 Number of tenants with cognitive disorders: 10  Total: 40  No regulatory insufficiencies were cited during an infection control review.  The following regulatory insufficiency was cited during the investigation of 96020-C, 92806-C, and 92413-C	A 000	POC attached 2/16/22	
A 525	481-69.29(3) Staffing  69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all personnel including contract/agency staff were appropriately trained to meet the tenant needs. This potentially affected 41 of 41 tenants. Finding	A 525		

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

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/18/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>EDENCREST AT THE LEGACY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2901 CEDAR STREET NORWALK, IA 50211</b>
--	---

(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 525	<p>Continued From page 1</p> <p>follows:</p> <p>Record review on 11/2/21 revealed no training documentation for requested contract staff. According to the records provided by the Program there were at least 20 contract staff who worked without being provided appropriate training to assigned tasks and target population.</p> <p>When interviewed on 11/2/21 and 11/18/21 Jaybird management staff confirmed the Program could not locate documentation of training for contract/agency staff who worked from 7/21/20-8/2/20.</p>	A 525		

Edencrest at the Legacy  
2901 Cedar Street  
Norwalk, Iowa 50211

ok  
3/2/22

**Date:** 2/16/2022

**Complaint Intake #:** Complaints #92413-C, #96020-C, and #92806-C were investigated at your program by a representative of the

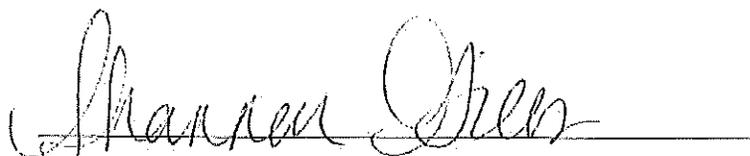
**Investigation Dates:** 7/12/21 – 11/18/21

**Plan of Correction (POC) Submitted For:**

**481-69.29(3) Staffing 69.29(3)** The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all personnel including contract/agency staff were appropriately trained to meet the tenant needs.

**A. Regulatory Insufficiency:**

- 1. Elements Detailing the programs correction of the insufficiencies:**
  - a. New and Contracted staff will receive orientation to the community, residents, and assignments upon hire and prior to working in the community.
- 2. Actions program taking to protect tenants in similar situations:**
  - a. New and Contracted staff will receive orientation to the community, residents, and assignments upon hire and prior to working in the community.
  - b. Welcome sheet implemented for new and contracted staff.
- 3. Measures taken to ensure problem does not reoccur:**
  - a. Director and/or designee will ensure all new and contracted employees receive training appropriate to assigned tasks and target population
- 4. Program plans to monitor performance to ensure solutions are permanent:**
  - b. Director and/or designee will monitor that solution implemented are in place: weekly, monthly, as needed as determined by the Director or designee to ensure compliance.



Shannon Giles, Director



Date

*Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.*