

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STIRLINGSHIRE OF CORALVILLE AL	STREET ADDRESS, CITY, STATE, ZIP CODE 1140 KENNEDY PARKWAY CORALVILLE, IA 52241
---	---

(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	<p>Initial Comments</p> <p>Assisted Living Programs are defined by the population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>Number of tenants without cognitive disorder: 8 Number of tenants with cognitive disorder: 1 Total census: 9</p> <p>No regulatory insufficiencies were cited during the onsite infection control survey.</p> <p>The following regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification for an Assisted Living Program.</p>	A 000		
A 380	<p>481-67.9(6) Staffing</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure 2 of 6 staff reviewed had completed the two hours of training required for the identification and reporting of dependent adult abuse within six months of employment as required by Chapter 235B. (Staff A, C) Findings include:</p> <p>Chapter 235 B requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six</p>	A 380	The Plan of Correction is attached.	

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: S0444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STIRLINGSHIRE OF CORALVILLE AL	STREET ADDRESS, CITY, STATE, ZIP CODE 1140 KENNEDY PARKWAY CORALVILLE, IA 52241
---	---

(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 380	<p>Continued From page 1</p> <p>months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every three years.</p> <p>On 10/28/21, the following was discovered during a personnel record review:</p> <ul style="list-style-type: none"> - Staff A's date of employment was 3/22/21. A record of Staff A completing the two hours of training required for the identification and reporting of dependent adult abuse within six months of employment could not be located. - Staff C's date of employment was 4/12/21. A record of Staff C completing the two hours of training required for the identification and reporting of dependent adult abuse within six months of employment could not be located. <p>On 11/2/21 at 1:30 PM, the Executive Director confirmed the above finding.</p>	A 380		
A 465	<p>481-69.28(5) Food Service</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure orientation training was provided regarding safe food handling as required for 6 of 6 staff reviewed responsible for food service (Staff A, C, D, E, F, H). Findings include:</p>	A 465		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STIRLINGSHIRE OF CORALVILLE AL	STREET ADDRESS, CITY, STATE, ZIP CODE 1140 KENNEDY PARKWAY CORALVILLE, IA 52241
---	---

(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 465	<p>Continued From page 2</p> <p>On 10/28/21, the following was discovered during a personnel record review:</p> <ul style="list-style-type: none"> - Staff A's date of employment was 3/22/21. A record of Staff A completing an orientation on sanitation and safe food handling could not be located. - Staff C's date of employment was 4/12/21. A record of Staff C completing an orientation on sanitation and safe food handling could not be located. - Staff D's date of employment was 5/17/21. A record of Staff D completing an orientation on sanitation and safe food handling could not be located. - Staff E's date of employment was 6/8/21. A record of Staff E completing an orientation on sanitation and safe food handling could not be located. - Staff F's date of employment was 6/28/21. A record of Staff F completing an orientation on sanitation and safe food handling could not be located. - Staff H's date of employment was 8/30/21. A record of Staff H completing an orientation on sanitation and safe food handling could not be located. <p>On 11/2/21 at 1:30 PM, the Executive Director confirmed the above finding.</p>	A 465		

STIRLINGSHIRE

OF CORALVILLE

ASSISTED LIVING | MEMORY CARE

January 20, 2022

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Stirlingshire of Coralville, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dates 11/2/2021. 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 insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Staffing A 380

1. Elements for how the Program will correct each regulatory insufficiency
 - Dependent Adult Abuse Training will be required to be completed on the 1st day of employment. If the new employee has completed it prior to hire at Stirlingshire, they must provide the certificate.
 - All current employees have completed this DAA training with a copy of the certificate in their file
 - If staff member is out of compliance, they will be removed from the schedule until education is completed

Food Service A 4650

- Dining, Nutrition and Food Safety is now a required module of training for new staff members in their first day of training
 - All current staff members have completed this training via Educare
2. What measures will be taken to ensure the problem does not recur?
 - A new hire checklist of all required education has been created
 3. How does the program plan to monitor performance to ensure compliance?
 - A spread sheet has been created and will be monitored to endure all initial education is completed, and any re-education is noted with the date it is required by
 4. The date by which the regulatory insufficiency will be corrected.
 - This regulatory insufficiency will be corrected by 2/17/2022

If you have any questions regarding this plan of correction, please feel free to contact me at 3139-338-8100.

Sincerely,

Tracy Sherzer, Executive Director

ok 2/9/22