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PRINTED: 02/08/2022
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0449	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
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NAME OF PROVIDER OR SUPPLIER HOMESTEADERS AT HOLLAND FARMS	STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SUNSET DRIVE NORWALK, IA 50211
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A 000	<p>Initial Comments</p> <p>Assisted Living Programs for People with Dementia are defined by the type of 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: 0 Number of tenants with cognitive disorder: 12</p> <p>TOTAL census of Assisted Living Program for People with Dementia: 12</p> <p>The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification of an Assisted Living .</p> <p>No regulatory insufficiencies were cited during the onsite infection control visit.</p>	A 000	<p>Holland Farms makes its best effort to operate in substantial compliance with both Federal and State Laws.</p> <p>Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies. This Plan of Correction (POC) is prepared and/ or executed solely because it is required by Federal and State Laws.</p>	
A 340	<p>481-87.9(4)a Staffing</p> <p>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:</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the</p>	A 340	<p>POC ok 3/8/22</p> <p>A340 The facility does and will ensure that certified and noncertified staff are competent to meet the individual needs of the tenant.</p> <p>1. The facility will conduct an audit to ensure that all staff have delegations completed by the current DON.</p>	

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

Debra Chatman

TITLE

Exec Director

(X6) DATE

2/18/22

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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 to ensure staff are sufficiently trained and competent in all tasks that are assigned or delegated for 1 of 1 staff reviewed that required RN delegations (Staff A). Findings follow: Record review on 6-9-21 of Staff A's file revealed RN delegations completed within 60 days of the RN's hire date could not be located. The Administrative Human Resource Assistant confirmed these findings on 10-27-21 at 10:02 a.m.	A 340	2. All newly hired RN's will be assigned delegation of staff through Relias. Once delegations are completed the RN will indicate the task is completed in Relias (online education record keeping system) and Relias will have a record of completion. 3. This will be monitored by the RN's direct supervisor after the RN completes onboarding. 4. This insufficiency will be corrected by March 8 th .	
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete criminal, child, and dependent adult abuse background checks prior to employment for 2 of 12 staff reviewed (Staff A and Staff B). Findings follow: 1. Review of Staff A's file on 10-26-21 revealed a hire date of 9-25-21. A Single Contact License and Background Check was completed 9-28-21. 2. Review of Staff B's file on 10-26-21 revealed a	A 400	A400 The employer does and will ensure that a criminal history check, and a dependent and child abuse record check will be conducted prior to hiring employee. 1. The facility will do a complete audit on all employee files to ensure all employees have completed record checks.	

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A 400	Continued From page 2 hire date of 9-21-21. A Single Contact License and Background Check was completed 9-24-21. The Administrative Human Resource Assistant confirmed these findings on 10-27-21 at 10:02 a.m.	A 400	2. The HR assistant or designee will conduct the necessary record checks and document this on the prehire form.	
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 within 30 days of occupancy for 2 of 3 tenants reviewed (Tenant #2 and Tenant #3). Findings follow: Record review of tenant files on 11-8-21 revealed the following: 1. Tenant #2 was admitted on 9-7-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. 2. Tenant #3 was admitted on 5-26-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located.	A 140	3. The ED or designee will sign off on the pre hire form that all checks were completed prior to the applicant starting. 4. This will be monitored through the QA process. A140 The facility does and will evaluate the tenant's functional, cognitive and health status within 30 days of occupancy. 1. The facility will do a complete audit of all tenants service plans to determine if the tenant has a 30 day assessment on file. 2. Tenants electronic record of assessment due dates will be updated to reflect when the 30 day assessment is due.	

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A 140	Continued From page 3 The Administrative Executive Director confirmed these findings on 11-8-21 at 3:20 p.m.	A 140	3. The assessment completion report will be reviewed weekly in the leadership meeting to ensure assessments are being done timely.	
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 within 30 days of occupancy for 2 of 3 tenants reviewed (Tenant #2 and Tenant #3). Findings follow: Record review of tenant files on 11-8-21 revealed the following: 1. Tenant #2 was admitted on 9-7-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The service plan failed to be updated based on the required assessments. 2. Tenant #3 was admitted on 5-26-21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The service plan failed to be updated based on the required assessments. The Administrative Executive Director confirmed these findings on 11-8-21 at 3:20 p.m.	A 350	4. The Insufficiency will be corrected by March 8 th . A350 The facility does and will develop a service plan for each tenant based on the evaluation conducted by the designated professional. The service plan reflects the individual needs of each tenant. 1. The DON and or designee will conduct an audit on all tenants to ensure each tenant has a service plan. 2. Upon completion of an assessment the service plan will be updated to reflect any changes and the updated service plan will be placed in the binder.	

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A 405	<p>481-69.26(4)c Service Plans</p> <p>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physioal therapy</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans to include outside service providers for 2 of 3 tenants reviewed (Tenant #1 and Tenant #3). Findings follow:</p> <p>Record review of tenant files on 11-8-21 revealed the following:</p> <p>1. Tenant #1's Health and Functional Assessment dated 11-7-21 revealed an admision to hospice services. The service plan failed to be updated to reflect her hospice services.</p> <p>2. Tenant #3's Nursing Notes dated 5-10-21 revealed he would be evaluated by OT/PT upon admision. A note on 6-2-21 revealed the OT evaluation indicated a frequency of five visits per week for strengthening. A note dated 9-10-21 revealed he would be discharged from OT services and recommended a one person assist for walking. The service plan dated 5-11-21 failed to be updated to reflect his admission, discharge, and recommendations from OT services.</p> <p>The Administrative Executive Director confirmed these findings on 11-8-21 at 3:20 p.m.</p>	A 405	<p>3. This will be monitored with monthly audits by the Director designee to ensure the most recent service plan is in the binder.</p> <p>4. The insufficiency will be corrected by March 8th.</p> <p>A405 The facility does and will be provide Individualized service plans that indicate additional service providers other than the program.</p> <p>1. An audit will be conducted on all service plans to ensure additional service providers and the service is listed.</p> <p>2. Each tenant's service plan will be updated by the DON or designee when a new service provider is added or discharged. This includes services provided by each discipline to include: therapy services, hospice, home health, etc.</p>	

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A 410	<p>481-69.26(4)d Service Plans</p> <p>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>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.</p> <p>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 activities for 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow:</p> <p>Record review of tenant files on 11-8-21 revealed the following:</p> <p>1. Tenant #1's Global Deterioration Scale dated 11-7-21 revealed she scored a 6 and indicated moderately severe dementia. The service plan dated 11-7-21 failed to include a list of spontaneous and planned activities based on her interests.</p> <p>2. Tenant #2's Global Deterioration Scale dated 9-2-21 revealed he scored a 6 and indicated moderately severe dementia. The service plan dated 10-5-21 failed to include a list of spontaneous and planned activities based on her interests.</p> <p>The Administrative Executive Director confirmed these findings on 11-8-21 at 3:20 p.m.</p>	A 410	<p>3. These updates will be monitored through the QA process by Director or designee.</p> <p>4. This insufficiency will be corrected by March 8th.</p> <p>A 410 The facility does and will ensure that all service plans are individualized.</p> <p>1. A complete audit will be conducted on all tenant's service plans have individualized and one to one activity for those that are unable to plan their own activities.</p> <p>2. The Life Enrichment Coordinator will set up an individualized list of spontaneous and planned activities based on the tenant's preference. This list of activities will be maintained with each tenant's Service plan in the service plan binder.</p>	

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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 provide training on safe food handling prior to handling food for 6 of 12 staff reviewed (Staff A, Staff B, and Staff C). Findings follow:</p> <p>Record review of staff files on 10-26-21 revealed the following:</p> <ol style="list-style-type: none"> Staff A was hired 9-25-21. No training on safe food handling could be located. Staff B was hired 9-21-21. No training on safe food handling could be located. Staff C was hired 5-28-21. No training on safe food handling could be located. <p>The Administrative Human Resource Assistant confirmed these findings on 10-27-21 at 10:02 a.m.</p>	A 465	<p>3. This list will be updated prn by the Life Enrichment coordinator and reviewed with each assessment.</p> <p>4. This will be monitored through the QA process.</p> <p>A545 The facility does and will ensure that all staff employed by or contracted to work will receive or have 8 hours of dementia specific training.</p> <ol style="list-style-type: none"> An audit will be conducted by facility staff to ensure that all employees have completed 8 hours of dementia training. Employees noted in the survey report have completed their assigned dementia training. All other staff will be assigned 8 hours of dementia 	
A 645	<p>481-69.30(1) Dementia Specific Education for Personnel</p> <p>69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific</p>	A 645		

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A 645	<p>Continued From page 7</p> <p>education and training within 30 days of either employment or the beginning date of the contract, as applicable.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide 8 hours of dementia training within 30 days of employment for 6 of 12 staff reviewed (Staff A, Staff B, Staff C, Staff D, Staff F, and Staff G). Findings follow:</p> <p>Record review of staff files on 10-26-21 revealed the following:</p> <ol style="list-style-type: none"> 1. Staff A was hired 9-25-21. No dementia training within 30 days of employment could be located. 2. Staff B was hired 9-21-21. No dementia training within 30 days of employment could be located. 3. Staff C was hired 5-28-21. Six hours of dementia training was completed by 6-17-21. No further dementia training within 30 days of employment could be located. 4. Staff D was hired 6-28-21. Seven hours of dementia training was completed by 7-12-21. No further dementia training within 30 days of employment could be located. 5. Staff F was hired 8-30-21. Seven hours of dementia training was completed by 9-29-21 . No further dementia training within 30 days of employment could be located. 6. Staff G was hired 5-18-21. 6.25 hours of dementia training was completed by 6-17-21. No 	A 645	<p>training upon hire to be completed within 30 days starting 3/7/2022.</p> <p>Training will be conducted through Relias and Inhouse.</p> <ol style="list-style-type: none"> 3. This will be monitored through the QA process. 4. The insufficiency will be corrected by March 8th. 	

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A 545	Continued From page 8 further dementia training within 30 days of employment could be located. The Administrative Human Resource Assistant confirmed these findings on 10-27-21 at 10:02 a.m.	A 545			