

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2019
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NAME OF PROVIDER OR SUPPLIER CALVIN COMMUNITY MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4210 HICKMAN ROAD DES MOINES, IA 50310
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(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
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A 000	<p>Initial Comments</p> <p>Assisted 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 on-site.</p> <p>General Population</p> <p>Number of tenants without cognitive disorder: 49 Number of tenants with cognitive disorder: 0</p> <p>Memory Care Unit</p> <p>Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 17</p> <p>TOTAL Census of Assisted Living Program for People with Dementia: 66</p>	A 000		
A 003	<p>481-67.2 Program policies and procedures</p> <p>481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.</p> <p>This REQUIREMENT is not met as evidenced</p>	A 003		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 003	<p>Continued From page 1</p> <p>by: Based on interview and record review the Program failed to report an allegation of suspected dependent adult abuse to the Department within 24 hours or the next business day as required. This affected 1 of 1 tenant identified in Complaint #83978-I (Tenant #1) reviewed. Finding follows:</p> <p>Record review on 7/31/19 revealed a written statement from Staff A describing an interaction between Staff C and Tenant #1. According to the document Staff A witnessed Staff C stand in front of Tenant #1's walker, trying to redirect her when Tenant #1 swung at Staff C. Staff C then put her hands up and yelled, "Don't you dare smack me, because I will smack you back." Tenant #1 immediately started crying and put her face in her hands.</p> <p>Record review on 7/31/19 revealed Calvin Community Abuse Prevention, Identification, Investigation, and Reporting Policy revised 1/10/19. The policy directed staff to to report all allegations of resident (tenant) abuse, neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation should be reported immediately to the charge nurse. The charge nurse is responsible for immediately reporting the allegations of abuse to the Administrator, or designated representative.</p> <p>When interviewed on 7/31/19 at 1:30 p.m. the Charge Nurse on duty confirmed staff failed to report the allegation of suspected dependent adult abuse immediately. She said staff called her to the memory care unit a couple of times over the weekend but no one reported any concerns regarding alleged abuse.</p>	A 003		
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A 003	Continued From page 2 On 7/31/19 at 2:00 p.m. Assistant Director of Nursing confirmed the Program failed to report as required because staff did not report immediately.	A 003		
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10/21/19

Plan of correction: This is the plan of correction for investigation # 83978-M constitutes our credible allegation of compliance. Date Completed: 10-31-19.

1. On 4-11-19 Education was provided to staff A and all other Assisted living staff working on Abuse prevention, Identification, Investigation and Reporting. 4/12/19 A mandatory Assisted living staff in-service was held educating staff on: Abuse prevention, Identification, Investigation, and Reporting. A second in-service will be held on 10-23-19 on: Abuse prevention, Identification, Investigation, and Reporting.
2. Abuse prevention, Identification, Investigation, and Reporting training will be provided upon hire and annually.
3. Monitoring will be conducted by the Compliance Committee and will be completed by quarterly review of completed Abuse prevention, Identification, Investigation, and Reporting training.
4. Date the regulatory insufficiency was completed: **10-31-19 and ongoing.**