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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP296 HFD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2019
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NAME OF PROVIDER OR SUPPLIER EDGEWATER AL/D - BEACON SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 9225 CASCADE AVENUE WEST DES MOINES, IA 50266
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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>Number of tenants without cognitive disorder:</p> <p>Number of tenants with cognitive disorder: 15</p> <p>TOTAL Census of Assisted Living Program for People with Dementia: 15</p> <p>A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. Incident 87401-I was also investigated. The following regulatory insufficiencies were identified related to Incident 87401-I and the recertification visit:</p>	A 000	<p>A 000 Correction date: 12/27/19 PLAN OF CORRECTION This plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.</p>	
A 121	<p>481-69.30(1) Dementia Specific Education for Personnel</p> <p>481-69.30(231C) Dementia-specific education for program 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 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 ensure staff received eight hours of dementia-specific education within 30 days of beginning employment for 1 of 3 staff reviewed (Staff A). Finding follows:</p>	A 121	<p>A 121 PLAN OF CORRECTION This plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.</p> <p>In continuing compliance with A 121 Regulation 481-69.30 (1) Dementia Specific Education for Personnel Edgewater immediately corrected the deficiency.</p>	Date of Correction 12/27/19

POC
 12/27/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
B. Baskerville, Admin
 (X5) DATE
1-3-2020

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A 121	Continued From Page 1 Record review on 11/25/19 revealed the Program hired Staff A on 6/14/19. According to available documentation Staff A had not completed eight hours of dementia training by 7/14/19. During the exit interview on 11/26/19 the Administrator explained the employee did not actually begin employment until two weeks after the listed date but acknowledged the staff had not completed training.	A 121	1. To correct the deficiency, Staff member A completed the mandatory Dementia specific education on 7/26/2019. All 2019 new hire Resident Aid trainings were reviewed by Assisted Living Manager on 12/27/2019. 2. To ensure the problem does not recur, Edgewater Leadership was re-educated on the Mandatory Dementia Specific Training requirements for all new hires within the first 30 days of hire and not within 30 days of start date. 3. As part of Edgewater's ongoing commitment to quality assurance, all Resident Aid new hires will review their mandatory trainings within 30 days of hire with the Assisted Living Manager. Annual review of trainings thereafter as employment continues.	
A 138	481-69.32(2) Life Safety 481-69.32(231C) Life safety-emergency policies and procedures and structural safety requirements. 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This Requirement is not met as evidenced by: Based on observations, interview and record review the Program failed to consistently ensure an operating alarm system existed on the exit door. This affected 1 of 1 tenant (Tenant #1) identified in incident investigation 87401-1. Finding follows: When interviewed on 11/25/19 at 10:30 a.m. the administrator explained Tenant #1 exited the building on 11/14/19. According to the Administrator the door alarm was not functioning and had not been functioning since 10/30/19 due to a lightning strike. As a backup measure the Program assigned a security guard (contracted from PerMar) to monitor the doors. The security guard who had worked at the Program in the past told Staff A he was leaving the area. Staff A	A 138	A 138 PLAN OF CORRECTION This plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.	Date of Correction 12/27/19

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A 138	<p>Continued From Page 2</p> <p>acknowledged the security guard who left the area around 3:00 a.m. to deliver newspapers as he had done in the past. At 4:00 a.m. a tenant needed assistance and while Staff A assisted the tenant he heard a door open and close but thought it was the security guard. At 4:15 a.m. Staff A returned to the common area of the Program and noted the security guard was not present. Staff A checked tenant rooms and conducted a head count noting that Tenant #1 could not be located. Staff A called for assistance from Staff B who was assigned to another area of the building. The security guard and Staff B searched the building and outside. At 4:35 a.m. the security guard located Tenant #1 outside an emergency exit and helped her to her feet. Tenant #1 returned to her apartment at 4:50 a.m.</p> <p>Record review on 11/26/19 revealed Progress Notes for Tenant #1 dated 11/14/19. According to the note the Registered Nurse (RN) received a call at 4:46 a.m. alerting her Tenant #1 had been found outside of the building. Staff reported they changed Tenant #1 into warm clothing and assisted her into bed under her covers. The RN from the health center immediately came to Tenant #1's apartment and completed a head to toe assessment. The RN was concerned the tenant's toes were purple all other assessments were stable. Tenant #1 had socks on but no shoes when found outside. The Program Nurse and health care center nurse determined Tenant #1 should be evaluated at the Emergency Room. Emergency Medical Services arrived and completed assessment and felt Tenant #1 was stable with no signs of injury and determined Tenant #1 did not need to be transported. The Program nurse called and left message for the daughter and arrived at the Program to initiate an investigation of the incident.</p>	A 138	<p>In continuing compliance with A 138 Regulation 481-69.32 (2), Life Safety Edgewater immediately corrected the deficiency.</p> <p>1. To correct the deficiency a wanderguard bracelet was immediately placed on Tenant # 1. A second security guard was placed within the community assigned to Beacon Springs. Temporary tab alarms were placed on all outgoing doors to provide a secondary alarming system. 15 minute checks were initiated on all residents within Beacon Springs. Wanderguard bracelets were placed on all residents in Beacon Springs on 11/21/2019.</p> <p>2. To ensure the problem does not recur. Edgewater emergency Management Plan was updated to include the use of temporary tab alarms, additional staffing, wander guard bracelets (when applicable), & frequent checks. Normal door functioning/ alarm systems were brought back into compliance as of 11/26/2019.</p> <p>3. As a part of Edgewater's ongoing commitment to quality assurance. All door systems, alarms, & functionality to be monitored at least weekly by Edgewater Maintenance. Future issues or concerns are to be brought forth to the Edgewater Safety Committee & Community leadership. \</p>	

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A 138	<p><i>Continued From Page 3</i></p> <p>When interviewed on 11/26/19 at 2:45 p.m. the Program Nurse confirmed Tenant #1 did not have shoes on but did have pants, blouse and two jackets (sweatshirts) on when staff found her.</p> <p>When interviewed on 11/26/19 at 9:10 a.m. Staff A confirmed he worked the evening of the incident and a security guard had been working with him. The security guard notified him he was leaving the area and Staff A acknowledged the security guard. According to Staff A another tenant needed assistance and while he was assisting he heard a noise he thought was the door. He said he could not safely leave the tenant he was assisting but called for Staff B who worked in another part of the building to assist.</p> <p>When interviewed on 11/26/19 at 10:35 a.m. Staff B said Staff A called him to help because Tenant #1 could not be accounted for. Staff B said when he arrived Staff A told him the security guard had located Tenant #1 so he stayed until Tenant #1 was returned.</p> <p>Record review revealed Accuweather listed the temperature on 11/14/19 as a high of 33 and low of 22 degrees Fahrenheit.</p> <p>During the exit interview on 11/26/19 the Administrator acknowledged while the Program had a "back up" plan when the alarms were not functioning, it did not prevent Tenant #1 from exiting the building.</p> <p>When interviewed on 11/27/19 the security guard confirmed he communicated to Staff A he was leaving the Program and sometime later Staff A contacted him to communicate Tenant #1 had left the Program. He said he found Tenant #1 outside on the sidewalk and she was wearing pants, shirt, sweatshirt, socks but no shoes. After finding</p>	A 138		

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A 138	Continued From Page 4 Tenant #1 he escorted her back to the Program.	A 138		