DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0096	A. BUILDING: _____ B. WING _____	04/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV ASSISTED LIVING AT ALTA	705 W 7TH ST ALTA, IA 51002

(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	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 30 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 34 TOTAL census of Assisted Living Program: 34 The following regulatory insufficiencies were cited during the recertification on-site conducted to determine compliance with certification for an Assisted Living Program. Record Checks *Iowa Code Chapter 135C.33(5)b.* (5) An employee of an assisted living program certified under Chapter 231C, if the employee provides direct services to consumers. b. In substantial conformance with the provisions of this section, prior to the employment of such an employee, the provider shall request the performance of the criminal and child and dependent adult abuse record checks. The provider shall inform the prospective employee *and obtain the prospective employee's signed* acknowledgment. The department of human services shall perform the evaluation of any criminal record or founded child or dependent adult abuse record and shall make the determination of whether a prospective employee of a provider shall not be employed by the provider.	A 000	All employees since the date of the Director's employment at this program have had a background check completed before a job offer is made. The Director began employment at Alta in June of 2014. All background checks are located currently in a binder in the Director's office. The previous errors can not be fixed. A background has been completed for the cook, which needed a new background check when she was re-employed. The back ground check authorization forms are a part of our application process and a complete background check through ADP and SING in.completed before a job offer is made. This process will eliminate such errors in the future.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rebecca Wolf	Director	4/14/15

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A 000	Continued From page 1 Based on interview and record review the Program failed to conduct criminal and child and dependent adult abuse record checks prior to employment. Five staff files were reviewed. Findings follow: Record review of staff files on 4/1/15 revealed the following: a. The cook started employment at the Program on 9/24/12 with a background check completed on 3/11/10. b. The Activities Director began employment at the Program on 3/20/07 with a background check completed on 5/8/12. When interviewed on 4/1/15 at 3:00 p.m., the Administrator said she thought the cook was hired in March of 2010, left employment and returned to the Program on 9/24/12. A background check could not be located for her 9/24/12 rehire date. The Administrator could not explain why the Activities Director did not have a background check prior to employment in 2007.	A 000		
A 061	481-67.9(4)d Staffing 481-67.9(231B,231C,231D) Staffing. 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: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management,	A 061		

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A 061	Continued From page 2 rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants ' health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program's Registered Nurse (RN) failed to ensure certified and noncertified staff were trained and competent to meet the individual needs of the tenants. Findings follow: 1. Tenant #3, a 72 year old, was admitted on 3/17/15 and had diagnoses of: diabetes, congestive heart failure (CHF), cellulitis, chronic obstructive pulmonary disease (COPD), and right great toe amputation, wound debridement and skin closure on 3/13/15. Review of Tentant #3's treatment record revealed directives for wound care, dated 3/30/15: 1. Remove old dressing. 2. Cleanse area with normal saline 3. Paint with betadine 4. Cover with telfa 5. Wrap with kling. Daily and PRN (as needed). Report redness, warmth, and dainage. Personal Service Assistant (PSA) D signed the treatment off on 4/1/15. 2. Tenant #4, an 86 year old, was admitted to the Program on 2/14/14 with diagnoses of: atrial fibrillation, ostomy for bladder, malignant neoplasm of prostate, dementia. Review of Tenant #4's file revealed functional assessment, dated 3/17/15, page 3 listed staff assistance for ostomy care. Tenant #4's service plan dated 3/17/15 revealed weekly (and PRN)	A 061	The programs Registered Nurse shall ensure certified and noncertified staff shall receive training and be competent regarding service plan tasks such as wound care, ostomy care, pain management, application of anti-embolism stockings, blood sugar checks, and any other specialized care needed by tenants in the building. The Registered nurse will conduct training classes for Activities of Daily Living and Specialized Care, as well as the conducting the current training for medication administration for all current staff. The training program will then become a part of the orientation process for all new universal workers. Each training session will have hands-on and a written test to verify competency and be stored in the employees training file. The Registered Nurse will conduct audits monthly, reviewing medication passes, applicable ADL assistance that's provided as well as the above-listed specialized care, including but not limited to needs as they arise. Implementation of this process will begin immediately and be completed with the current staff within 30 days. All new employees will be trained during their normal orientation process.	

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A 061	Continued From page 3 ostomy care as a service requirement by staff. When interviewed on 4/1/15 at 2:20 p.m., PSA D reported her job duties included: wound care, blood sugar checks, ostomy care and application of anti embolism stockings. PSA D also stated she was a certified medication aide (CMA). PSA D reported another PSA who conducted staff training showed her how to perform some of the tasks tenants needed such as application of anti embolism stockings. PSA D said she performed health cares on tenants and was sometimes taught how to perform cares by the RN. PSA D also said the RN would show her how to perform a health care task if asked to do so. Record review of PSA A's and PSA B's files revealed documentation of training for medication administration, however contained no evidence of training by the RN for specialized health cares such as application of anti embolism stockings, care and changing of ostomy appliances, blood sugar checks, or dressing changes. When interviewed on 4/1/15 at 3:30 p.m., the RN confirmed PSA staff performed activities of daily living and certain health cares for tenants. She identified PSA A as a certified nurses aide (CNA) and certified medication aide (CMA). PSA B had no certification. The RN confirmed she hadn't been able to provide training to all the PSAs regarding Tenant #3's wound care. She also confirmed the PSAs had been performing Tenant #3's daily dressing changes. A wound nurse also visited Tenant #3. The RN thought she had trained the PSAs to perform Tenant #4's ostomy care, but couldn't be sure. The RN confirmed she had not documented any training she had done with the PSAs other than the training that pertained to medication administration.	A 061		

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A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. *69.26(4) The service plan shall be* individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant ' s abilities and personal interests This REQUIREMENT is not met as evidenced by: Based on interviews and record review the *Program failed to address planned and* spontaneous activities for tenants unable to plan their own activities and/or who have dementia. Four tenant files were reviewed. Findings follow: Tenant #1, an 82 year old with a diagnosis of alzheimer's disease and a Global Deterioration Score (GDS) score of 4 was admitted to the Program on 11/22/14. Review of Tenant #1's functional assessment *dated 3/17/15, page 5 stated the tenant enjoyed* socializing with staff and others and walked the dog. *The service plan failed to list activities* activities as a need or that Tenant #1 required staff assistance to participate in planned or spontaneous activities. Tenant #2, an 89 year old with a diagnosis of memory loss and a GDS score of 5 was admitted to the Program on 3/25/13. *Review of Tenant #2's functional assessment,* dated 3/19/15, page 5 stated the tenant enjoyed putting puzzles together, attending church and bingo in the facility. Tenant #2's service plan,	A 092	The Activity Director will be trained to implement and document activities for tenants with a GDS score of 4 and over. She will ensure these tenants with dementia have planned and spontaneous activities based on the their abilities and personal interests. Such activities will be specifically stated in the service plan. In regards to Tenant #1, the staff will go to the tenant's room and remind him of community coffees and escort him to a table with friends. At least one game of pool will involve tenant #1 each week or the staff will take him to watch this activity. Staff will invite tenant #1 and his dog to walk with them at least two times a week, either outside, weather permitting, or through-out the building. Staff will invite tenant #1 to the main room to participate in various activities from the "busy box", which has a variety of individualized games and interactive projects to do. As to tenant #2, she is very social and loves to participate in bingo, church, and watch the entertainment provided. Staff will go to tenant #2's room for each of the above activities everyday to remind and escort her to the main room. Tenant #2 is located right next to the library and puzzle room and staff will encourage and assist tenant #2 to work on the puzzles at lease three times a week. Tenant #2 loves to read so staff will take her to the library at least once a week to get a new book. In addition, staff will take the busy box activities to tenant #2's room once a week. The activity director will document each activity and audit other staff members who	

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A 092	Continued From page 5 dated 3/19/15 failed to list activities as a need or to include a service requirement for staff to provide planned or spontaneous activities. When interviewed on 4/1/15 at 3:30 p.m., the Registered Nurse (RN) acknowledged the service plans did not address the need for planned and spontaneous activities for Tenant #1 and Tenant #2.	A 092 cont.	assist in this process. The audits will be discussed at each service plan meeting to evaluate if the activities are meeting tenant #2's needs. Adjustments or additions will be made and noted in the service plan. The activity plan for each tenant will be added to each tenant's service plan in the next week and completed by April 20, 2015. An audit sheet will be in place by the same date and documentation will begin and continue on all tenants with a GDS score of 4 or greater. The program is in the process of converting to PointClickCare and the Activity Director will be directly responsible for documenting the activities referred to above.	
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 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. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review the Program failed to ensure employees who prepare or serve food had annual training on food protection. Findings follow: Observation on 4/1/15 at 11:40 a.m. revealed the activities director served tenants lunch. Review of five staff files on 4/1/15 revealed the following: a. The activities director completed food safety training on 7/17/12. b. PSA A completed food safety training on 7/25/13.	A 104 A104	All staff who are responsible for food preparation and service are in the process of taking two "Safe Food Handling" courses on Redilearning. These two programs have been assigned each staff member and they have been given two weeks (until April 27, 2015) to complete the training and provide the Director with the certificate of completion. The Activity Director and bath aide have completed their training. PSA A and PSA B will be required to have their training completed by April 27, 2015. The two new food handling classes will now be a part of orientation for all new employees. The two Redilearning food handling safety classes will be repeated annually. A Binder will be maintained in the office of the Director containing all the certificates from these two classes.	

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A 104	Continued From page 6 c. The bath aide completed food safety training on 10/3/13. d. PSA B had no record of food safety training. When interviewed on 4/1/15 at 12:00 p.m., the administrator said the former dietary manager left employment on 3/1/15 and may have taken the current documentation of staff food safety training with her. She also confirmed the PSAs, activities director and bath aide serve food, and at times assist with preparation of food.	A 104		