IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

August 4, 2015

Complaint Intake #: 53812-C

Mr. Nolan Clare, Manager
Amelia Place
57 West Ferndale Drive
Council Bluffs, IA 51503

RE: Final Complaint Investigation & Initial Certification Monitoring Evaluation Report – Amelia Place, Council Bluffs, IA

Dear Mr. Clare:

Enclosed is the **Final Complaint Investigation & Initial Certification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following a survey by DIA on **July 21 & 22, 2015.**

The following allegation was investigated in regards to Complaint #53812-C

ALLEGATION: MEDICATION ADMINISTRATION
FINDINGS: UNSUBSTANTIATED
COMMENTS: Based on review of tenant files, staff interviews and review of medication and administration policies, there were no concerns identified regarding Medication Administration related to Complaint #53812-C.

In addition to the complaint investigation, an Initial Certification visit was conducted. Regulatory Insufficiencies related to the Initial Certification are included in the enclosed report.

The Report notes Regulatory Insufficiencies in the area(s) of: Dependent Adult Abuse Mandatory Training, Evaluation of Tenant, Criteria for Admission/Retention of Tenants, Service Plans, Food Service, Dementia Specific Education for Personnel and Structural Requirements.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or

service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0344	A. BUILDING: _____ B. WING _____	C 07/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMELIA PLACE	57 WEST FERNDALE DRIVE CO BLUFFS, IA 51503

(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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 22 Number of tenants with cognitive disorder: 18 Total Population of Program at time of on-site: 40 TOTAL census of Assisted Living Program: 40 No regulatory insufficiencies were cited during the investigation of Complaint #53812-C. The following regulatory insufficiencies were cited during the Initial Certification. Iowa Code 235B.16(5)(b) A person required to report cases of dependent adult abuse pursuant to sections 235B.3 and 235E.2, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years. This RULE is not met as evidenced by: Based on review of staff files, staff had not received two	A 000		

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A 000	Continued From page 1 hours of training related to the identification and reporting of dependent adult abuse training within six months of initial employment. Review of six staff files (Staff A, B, C, D, E and F) indicated staff had not received training related to the identification and reporting of dependent adult abuse training within six months of initial employment. On 7-21-15, the Regional Care Services Manager (RCSM) stated none of the six staff reviewed had received dependent adult abuse training. The RCSM stated she had taken the Train the Trainer course for dependent adult abuse and would make sure training was provided.	A 000		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant ' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced	A 037		

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A 037	Continued From page 2 by: Based on review of tenant files, evaluations within 30 days of occupancy and with significant change were not completed as needed. 1. Tenant #1, a 92 year old, was admitted on 2-22-12 and diagnoses included: Alzheimer's, high blood pressure, hypothyroidism, osteoarthritis and anxiety. Tenant #1 was staged at a seven on the Global Deterioration Scale (GDS) which indicated very severe cognitive decline. Tenant #1 was admitted to hospice services on 7-20-15. Functional, cognitive and health evaluation were not completed regarding Tenant #1's admission to hospice services. Functional, cognitive and health evaluations were not completed with a significant change of condition. 2. Tenant #2, an 84 year old, was admitted on 2-18-14 and diagnoses included: atrial fibrillation, cognitive deficits, congestive heart failure, dementia, high blood pressure and coronary artery disease. Tenant #2 was staged at a seven on the GDS which indicated very severe cognitive decline. Tenant #2 was admitted to hospice care on 2-18-14. Functional, cognitive and health evaluation were not completed regarding Tenant #1's admission to hospice services. Functional, cognitive and health evaluations were not completed with a significant change of condition. 3. Tenant #4, an 85 year old, was admitted on 5-25-15 and diagnoses included: dementia, asthma, tracheomalacia, weight loss and fall risk. Tenant #4's file was reviewed. On 7-22-15, the CSM stated functional, cognitive and health evaluations were not completed within 30 days of occupancy. Functional, cognitive and health evaluations were not completed within 30 days of	A 037		

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A 037	Continued From page 3 occupancy.	A 037		
A 039	481-69.23(1)b Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer or evacuation This REQUIREMENT is not met as evidenced by: Based on tenant file reviews, staff interviews and monitor observations, the Program failed to discharge tenants who exceeded the criteria for admission and retention for two tenants. (Tenants #1 and #2) 1. Tenant #1's Tenant Services Notes were reviewed from 8-17-14 through 7-14-15. Multiple entries indicated Tenant #1 was verbally aggressive to staff and tenants, was very agitated and frequently yelled at staff. Tenant #1 was physically aggressive, threatened staff with physical harm, tried to hit, kick, punch, grab and yell at staff. On 10-15-14, Tenant #1 got into an argument with another tenant over a bag of cookies and hit the other tenant with Tenant #1's walker. On 12-18-14, while walking to lunch, Tenant #1 was passed by another tenant in the hallway, became irritated and charged at the other tenant with Tenant #1's walker. On 12-24-14, Tenant #1 went into another tenants' room and repeatedly struck the other tenant on the right forearm. On 12-28-14, Tenant #1 became mad at another tenant that passed	A 039		

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A 039	Continued From page 4 Tenant #1 and attempted to throw Tenant #1's walker at the other tenants' scooter. The Tenant Services Notes dated 1-6-14 (Program misdated-should be 1-6-15) indicated Program was in contact with Tenant #1's physician to find an intervention for the increased behaviors. Tenant Services Notes from 1-13-15 through 2-20-15 indicated aggressive, verbal and physical contact with staff continued. According to Tenant #1's Tenant Services Notes dated 4-29-15, Tenant #1 used a wheelchair and no longer ambulated. Tenant #1 was able to transfer in room Tenant #1 ate one or two meals daily; slept most of the daytime and staff provided all bathroom cares. Tenant Services Notes dated 6-30-15 indicated Tenant #1 slept most of the day, missed some meals due to sleeping and was total assist for all cares. According to a health evaluation dated 7-5-15, Tenant #1 was independent in eating and dependent in toileting, transferring, ambulation, dressing, hygiene, bathing and medication management. Tenant #1 was incontinent of bowel and bladder, was dependent with range of motion, slept most of the time, missed meals due to sleeping, did not want to get up, was assist of one to two staff for all transfers and no longer ambulated. 2. On 7-22-15 the monitor observed two staff transfer Tenant #1 from a chair to the sofa. A gait belt was put in place, staff assisted Tenant #1 to stand. Tenant #1 was hunched over, unable to stand straight, slowly took between 10 and 12 steps, two at a time from the chair to the sofa, physically leaning on the staff. Tenant #1 was not able to stand without the assistance of two staff. Staff needed to physically turn Tenant #1 around to line up with the sofa. Once Tenant #1 was placed on the edge of the sofa, both staff physically lifted Tenant #1 to place properly on the	A 039		

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A 039	Continued From page 5 sofa. 3. On 7-22-15, Staff H was interviewed and stated Tenant #1 had been unable to participate in any cares for the previous two months. According to the Care Services Manager (CSM), Tenant #1 was admitted to hospice services on 7-20-15. On 7-22-15, the RCSM and the CSM were interviewed and stated Tenant #1 was a routine two person assist and exceeded level of care. Tenant #1 exceeded criteria for retention of tenants as Tenant #1 required routine, two-person assistance with standing and transfer. 4. According to Tenant #2's health evaluation dated 2-16-15, Tenant #2 was dependent for toileting, transferring, dressing, hygiene, bathing and medication management. Tenant #2 was independent in eating and required assistance with ambulation. According to Tenant #2's health evaluation dated 5-17-15, Tenant #2 could bear weight to transfer otherwise was wheelchair bound. Minimal verbals for needs. Staff completed all toileting needs, set up meals and provided medications. According to Tenant #2's Tenant Services Notes dated 6-3-15, Tenant #2 remained in a wheelchair for all mobility and staff provided all cares. 5. On 7-21-15, Staff B was interviewed and stated Tenant #2 required maximal assistance with activities of daily living. Tenant #2 usually didn't participate in grooming, toileting, bathing or transfers. On 7-21-15, Staff G was interviewed and stated Tenant #2 had unmanageable incontinence of bowel and bladder. Tenant #2 did not help with any toileting some days and other days could manage it without assistance. 6. On 7-21-15, the monitor observed two staff	A 039		

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A 039	Continued From page 6 transfer Tenant #2. A gait belt was put in place, staff lifted Tenant #2 to a standing position and pivoted Tenant #2 into a wheelchair. Each staff placed their hands under Tenant #2's arm pits and lifted Tenant #2. Tenant #2 assisted very little. Tenant #2 was rolled into the bathroom. Staff placed soap in hands and directed Tenant #2 to wash hands and dry them. Staff handed Tenant #2 the towel and Tenant #2 attempted to dry hands. Tenant #2 was non-verbal. Staff B stated Tenant #2 was a routine two person assist and sometimes three staff were needed. Tenant #2 exceeded level of care. Tenant #2 exceeded criteria for retention as Tenant #2 required routine, two-person assistance with standing and transfer.	A 039		
A 083	481-69.26(1) Service Plans 481-69.26(231C) 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 review of tenant files, service plans were not developed based on functional, cognitive and health evaluations. 1. Tenant #1's service plan was updated on	A 083		

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A 083	Continued From page 7 7-3-15. Functional, cognitive, and health evaluations were completed on 7-5-15. The service plan was not developed based on evaluations. 2. Tenant #2's service plan was updated on 5-15-15. Cognitive and health evaluations were completed on 5-17-15. A functional evaluation was not completed. The service plan was not developed based on evaluations. 3. Tenant #4's initial functional, cognitive and health evaluations were completed on 5-25-15. The service plan was developed on 5-24-15. The service plan was not developed based on evaluations. 4. On 7-22-15, the CSM was interviewed and stated she did not realize evaluations had to be completed prior to the development of the service plans.	A 083		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant ' s occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on review of tenant files, service plans were not updated within 30 days of occupancy and as needed with significant change. 1. According to documentation from Tenant #1's	A 085		

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A 085	Continued From page 8 physician office dated 7-20-15, Tenant #1 was admitted to hospice services. According to a hospice plan of care, Tenant #1 was admitted to hospice services on 7-20-15. The Program did not update Tenant #1's service plan to reflect hospice services. Tenant #1's service plan was not updated with a significant change. 2. According to Tenant #4's file review, Tenant #4's service plan was not updated within 30 days of Tenant #4's occupancy. On 7-22-15, the CSM was interviewed and stated the service plan was not completed within 30 days of occupancy. Tenant #4's file was not updated within 30 days of occupancy.	A 085		
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 review of tenant files, service plans were not individualized for tenants who were unable to plan their own activities. 1. According to Tenant #1's service plan dated 7-3-15, staff would push Tenant #5 in wheelchair to meals and activities. When weather was permitting, staff could allow Tenant #1 to go into the courtyard after supper as this was part of nightly ritual at home. Tenant #1's service plan	A 092		

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A 092	Continued From page 9 was not individualized to include planned and spontaneous activities based on Tenant #1's abilities and personal interests. 2. According to Tenant #2's service plan dated 5-15-15, staff escort Tenant #2 to activities and meals in manual wheelchair. Tenant #2 would attend activities of choice. Tenant #2's service plan was not individualized to include planned and spontaneous activities based on Tenant #2's abilities and personal interests.	A 092		
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 review of staff files, staff did not have an orientation on sanitation and safe food handling prior to handling food. 1. Staff files were reviewed for six staff. Staff A, B, D and F's files did not include documentation of an orientation on sanitation and safe food handling prior to handling food. Staff B and F file's did not indicate an annual in-service training on food protection. 2. On 7-21-15, The RCSM stated food service training was not completed for Staff A, B, D and	A 104		

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A 104	Continued From page 10 F.	A 104		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 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. This REQUIREMENT is not met as evidenced by: Based on review of staff files, staff did not receive a minimum of eight hours of dementia-specific education and training within 30 days of employment. 1. Six staff files (Staff A, B, C, D, E and F) were reviewed. None of the staff had received a minimum of eight hours of dementia-specific education and training within 30 days of hire. 2. On 7-21-15 the RCSM stated Staff A, B, C, D, E and F had not received a minimum of eight hours of dementia-specific education and training within 30 days of hire.	A 121		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary.	A 154		

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A 154	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on a tour of the Program, which is dementia specific by definition, products were observed unsecured. The buildings and grounds were safe for tenants with dementia. 1. On 7-21-15 at 3:40 p.m., the monitor observed the door to the laundry room was open. On the hand sink a bottle of Dawn Olay soap was observed. A bottle of Equate Cucumber Melon soap, 56 ounce refill, was found in an unlocked cabinet inside the laundry room, closest to the entrance door. On top of the shelf near the washing machines was Certainty Cleaning Wipes for personal hygiene use. All items included a warning to keep out of the reach of children. A bottle of Moisture Therapy Lotion was also on the hand sink with the label written over by a permanent marker. In the exercise room, next to a television, was a bottle of Purell Advanced Hand Sanitizer with a warning to keep out of the reach of children. Tenants were observed walking in the hallways near the laundry room and the exercise room. In the dining room, a Bunn Coffee maker with a heated warming surface under a glass coffee pot was observed on a counter available for tenant and public use. Next to the coffee maker was an electrical warming plate that held two glass coffee pots. Tenants were observed throughout the day in the dining room near the coffee maker.	A 154		

August 7th, 2015

Ms. Rose Boccella, Program Coordinator

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

HEALTH FACILITIES

AUG 17 2015

RE: Amelia Place Plan of Correction

Dear Ms. Boccella

Enclosed is the required "Plan of Correction" regarding the Final Initial Certification Monitoring Evaluation Report at Amelia Place which was conducted on July 21st & July 22nd, 2015. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be constructed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 235B.16 (5) (b)

- The Care Services manager will complete the Dependent Adult Abuse Train the Trainer course by August 14th, 2015.
- Current staff will receive Dependent Adult Abuse training by August 21st, 2015. This training will be held by the Regional Director of Care Services and Care Services Specialist.
- Regional Director of Care Services or Regional Director of Operations will conduct a quarterly audit to ensure compliance for the next two quarters and semiannually thereafter.
- The Care Services Manager will hold a quarterly Dependent Adult Abuse training to ensure all new staff members are trained in the appropriate time frame.

IAC r 481-69.22(2)-Evaluation of tenant

- Tenant #1 passed away on Hospice services on July 31st, 2015.
- The Care Services Manager will complete a Functional, Cognitive, and Health Assessment for Tenant #2 by August 21st, 2015. An update service plan will be created from these assessments.
- The Care Services Manager will complete a Functional, Cognitive, and Health Assessment for Tenant #4 by August 14th, 2015. An updated service plan will be created from these assessments.
- Care Service Manager or Regional Director of Care Services will ensure all residents receive a functional, cognitive, and health status assessment by October 1st, 2015.

- Regional Director of Care Services and Regional Director of Operations will conduct an in-service with Executive Director and Care Service Manager to provide training and instruction on how to ensure 30 day assessments are completed on all residents by August 28th, 2015.
- Regional Director of Operations or Regional Director of Care Services will conduct monthly audits to ensure 30 day assessments are completed for all new admissions for the next 3 months and quarterly thereafter for one year.
- Regional Director of Operations or Regional Director of Care Services will conduct an in-service with Executive Director and Care Service Manager to provide training and instruction on updating assessments with significant change in condition by August 28th, 2015.
- Regional Director of Operations or Regional Director of Care Services will conduct monthly audits to ensure significant change in conditions are being updated into the assessments appropriately monthly for the next 3 months and quarterly thereafter for one year.

IAC r 481-69.23(1) b – Criteria for Admission/Retention of Tenants

- The Regional Director of Care Services and/or Regional Director of Operations will conduct an in-service with the Amelia Place Management team to review state regulations on retaining residents by August 28th, 2015.
- The Regional Director of Care Services and/or Regional Director of Operations will review all residents to ensure they meet retention criteria by August 28th, 2015.
- The Regional Director of Care Services and/or Regional Director of Operations will conduct a monthly audit to ensure resident retention criteria is met per state regulations for the next two quarters and then quarterly thereafter for one year.
- Tenant #1 passed away on Hospice services on July 31st, 2015.
- The Care Services Manager applied for a waiver for Tenant #2 based on Hospice and ADL needs on July 22nd, 2015. If waiver is denied the Executive Director and Care Services Manager will work with the family to find alternate placement.

IAC r 481-69.26(1) - Service Plans

- The Regional Director of Care Services will educate the Care Services Manager on the requirement and reasoning for having a Functional, Physical, and Cognitive assessment done prior to creating a service plan. This will be completed by August 28th, 2015.
- Tenant #1 passed away on Hospice services on July 31st, 2015.
- The Care Services Manager will complete a Functional, Cognitive, and Health Assessment for Tenant #4 by August 14th, 2015. An updated service plan will be created from these assessments
- The Care Services Manager will complete a Functional, Cognitive, and Health Assessment for Tenant #2 by August 21st, 2015. An update service plan will be created from these assessments.
- The Regional Director of Care Services or designee will do a monthly audit on randomly selected residents to ensure assessments are done prior to a service plan being created. This will be conducted for the next 6 months.

IAC r 481-69.26(3) - Service Plans

- Regional Director of Care Services and/or Regional Director of Operations will conduct an in-service with Executive Director and Care Service Manager to provide training and instruction on how to ensure 30 day assessments are completed on all residents by August 28th, 2015.
- Regional Director of Operations or Regional Director of Care Services will conduct monthly audits to ensure 30 day assessments are completed for all new admissions for the next 3 months and quarterly thereafter.
- The Care Services Manager will be reeducated by Regional Director of Care Services on the Iowa regulations to include the required 90 day nurse review and change of condition requirements. This will be completed by August 28th, 2015.
- The Regional Director of Care Services or designee will do a monthly audit on randomly selected residents to ensure proper documentation and assessments are being completed with a significant change in condition. This will be conducted for the next 6 months.
- Tenant #1 passed away on hospice services on July 31st, 2015.
- The Care Services Manager will complete a Functional, Cognitive, and Health Assessment for Tenant #4 by August 14th, 2015. An updated service plan will be created from these assessments

IAC r 481-69.26(4) d- Service Plans

- Tenant #1 passed away on Hospice services on July 31st, 2015.
- The Life Enrichment Coordinator and Care Services Manager will review tenant #2's (Getting To Know Me Form) and develop planned and spontaneous activities based on her likings. This will be completed by August 21st, 2015 and integrated into the service plan.
- The Regional Director of Care Services or Regional Director of Operations will conduct a monthly audit to ensure planned and spontaneous activities are on the service plans. This will be done for one quarter and quarterly thereafter for one year.
- The Regional Director of Care Services or regional Director of Operations will reeducate the life Enrichment Coordinator and Care Services Manager on the requirements of planned and spontaneous activities by August 28th, 2015.

IAC r 481-69.28(5) - Food Services

- The Regional Director of Operations will reeducate the Executive Director on the requirements of completing initial food service training. This will be completed by August 28th, 2015.
- All staff will complete initial food service training by August 21st, 2015. This will be completed by the executive Director or designee.
- The Regional Director of Operations will conduct a quarterly audit of all new employees to ensure training is competed. This will be completed quarterly for the remainder of the year.

IAC r 481-69.30(1) Dementia Specific Education for Personnel

- The Regional Director of Care Services and/or Care Services Specialist will conduct Dementia Specific training for all staff. This will be completed by August 28th, 2015.

- The Regional Director of Care Services will reeducate the Care Services Manager on the requirements of Dementia specific training. This will be completed by August 28th, 2015.
- The Care Services Manager will conduct quarterly in-services on Dementia Specific training to ensure all new staff members are within compliance and that current staff receives their annual training requirements.
- The Regional Director of Care Services or Regional Director of Operations will conduct quarterly audits for four quarters to ensure all staff members have received Dementia Specific training.

IAC r 481-69.35(1) b- Structural Requirements

- The Regional Director of Operations will reeducate the Executive Director on the Structural Requirements of a Dementia Specific Program. This will be completed by August 28th, 2015.
- The Executive Director or designee will conduct an all staff meeting to review the structural requirements of an ALP-D. This will be completed by August 28th, 2015.
- The Executive Director or design will conduct an all staff meeting to review the needs to have all chemicals in a locked environment to ensure they are meeting the requirements of an ALP-D. This will be completed by August 28th, 2015.
- The coffee maker and coffee burners were moved from the dining room to the kitchen on July 22nd, 2015.

Date of completion for the Plan of Correction is October 1st , 2015.

Sincerely,

Kim Meredith

Kim Meredith

Executive Director/Amelia Place