IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
52880-C

August 24, 2015

Ms. Rebecca Wolf, Administrator
Welcov Assisted Living at Alta
705 W. 7th Street
Alta, IA 51002

RE: Final Complaint/Incident Investigation Report, Welcov Assisted Living at Alta, Alta, Iowa

Dear Ms. Wolf:

Enclosed is the **Final Complaint/Incident Investigation 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 an investigation by DIA on **August 11, 2015.** The following allegations were investigated in regards to #52880-C.

Medication Administration
Comments: Based on interviews and record review, no concerns were noted in the area of medication administration. Observations of medication administration resulted in no issues. This portion of the complaint was not substantiated.

Tenant Rights
Comments: Based on observations, interview and record review, tenants were treated with respect during service provision. This portion of the complaint was not substantiated.

While the above issues were not substantiated a concern was identified in the area of Staffing. Based on staff interview and review of documentation the Program's Registered Nurse (RN) did not complete a review to ensure staff were sufficiently trained and competent to provide services within 60 days of beginning employment.

The Report notes a Regulatory Insufficiency in the area(s) of: Staffing.

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 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 the enclosed 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
	S0096	A. BUILDING: _____ B. WING _____	C 08/11/2015

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: 32 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 35 TOTAL census of Assisted Living Program: 35 The following regulatory insufficiencies were cited during the investigation of Complaint 52880-C:	A 000		
A 058	481-67.9(4)a 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: 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and review of documentation the Program's Registered Nurse (RN) did not complete a review to ensure staff were sufficiently trained and competent to provide	A 058		

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A 058	Continued From page 1 services within 60 days of beginning employment. According to information provided by the Program, the RN began employment on 4-15-15. When interviewed on 8-10-15 at 3:45 p.m. the RN confirmed with the exception of medication administration, she had not completed a review with 10 staff to ensure staff were sufficiently trained and competent to provide services to tenants within the first 60 days of employment.	A 058		

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DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rebecca Wolf
TITLE: Director
(X6) DATE: 8/27/15

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