VOR 12/9/16

PRINTED: 11/21/2016
FORM APPROVED

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
	S0005	A. BUILDING: _____ B. WING _____	11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SITLER CENTER FOR HELPFUL LIVING	1013 S IOWA AVE WASHINGTON, IA 52353

(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	481-69 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: 10 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 10 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 16 TOTAL census of Assisted Living Program: 26 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an ALP/D program.	A 000	The preparation and execution of this Plan of Correction does not constitute admission or agreement by Halcyon House of the truth of the facts alleged or conclusions set forth in this Statement of Insufficiencies. The Plan of Correction is being submitted in response to the statement.	
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, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests.	A 092		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christine L. Marshall	Executive Director	12/2/16

12/18/16

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
	S0005	A. BUILDING: _____ B. WING _____	11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SITLER CENTER FOR HELPFUL LIVING	1013 S IOWA AVE WASHINGTON, IA 52353

(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 092	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to include a list of person-centered activities in service plans for 3 of 3 tenants reviewed (Tenant #1, #2, and #3). Findings follow: 1. Record review revealed Tenant #1 had a diagnosis of dementia with a Global Deteriation Scale (GDS) of 4.8. Tenant #1's service plan dated 9-11-16 indicated the tenant required staff assistance to participate in activities and may need reminders as to the time and place of activities. The service plan did not include a list of planned and spontaneous activities based on Tenant #1's abilities and personal interests. 2. Record review revealed Tenant #2 had a diagnosis of dementia with a GDS of 6.2. Tenant #2's service plan dated 6-15-16 indicated Tenant #1 required staff assistance to participate in activities and needed cuing for activities. The service plan did not include a list of planned and spontaneous activities based on Tenant #2's abilities and personal interests. 3. Record review revealed Tenant #3 had a diagnosis of Alzheimers with a GDS of 6.4. Tenant #1's service plan dated 9-11-16 indicated Tenant #3 requires staff assistance to participate in activities. In addition staff would provide cuing and escort Tenant #3 to activities. The service plan did not include a list of planned and spontaneous activities based on Tenant #3's abilities and personal interests.	A 092	481-69.26 (231C) Service Plan. 1.With respect to Tenants #1, #2, and #3 the Program Director reviewed and updated their service plans to include planned and spontaneous activities with a person-centered focus on November 23, 2016. 2.All future service plans will include planned and spontaneous person-centered activities for those with a GDS score of 4.0 or more upon admission and/or upon change in condition. 3.Compliance will be monitored by the Program Director and/or Director of Nursing during quarterly nurse reviews for each tenant and with change in condition. This will also be monitored through the community's QA process. 4. The Program Director will review and update the service plans of all other Tenants with a GDS of 4 or more by December 21, 2016.	

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
	S0005	A. BUILDING: _____ B. WING _____	11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SITLER CENTER FOR HELPFUL LIVING	1013 S IOWA AVE WASHINGTON, IA 52353

(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 121	Continued From page 2	A 121		
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 staff interviews and record review, the Program failed to provid eight hours of dementia-specific education and training within 30 days of employment for 2 of 4 employees reviewed (Staff A and B). Findings follow: Review of Staff A's file revealed a hire 1-16-16. Staff A worked in the dementia unit. During interview on 11-8-16, Staff A stated she had not had any dementia training since her hire date. Record review revealed that 8 hours of dementia training had not been completed within 30 days of employment. Review of Staff B's file revealed a hire date of 6-17-16. Staff B worked in the dementia unit. Record review revealed that 8 hours of dementia training had not been completed within 30 days of employment.	A 121	481-69.30 (231C) Dementia-specific education for program personnel. 1.With respect to Staff members A and B, they completed the required 8 hours of dementia-specific education on December 6, 2016. 2. For all new employees, orientation will include 8 hours of dementia-specific education within the first thirty days of employment. 3.Compliance will be monitored by the Program Director and/or the Human Resources Director for each new employee. This will also be monitored through the community's QA process. 4. The Program Director will audit all other staff member personnel files to ensure the 8 hour dementia-specific education was completed by December 21, 2016	