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
	S0343	A. BUILDING: _____ B. WING _____	03/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLOYD PLACE	403 C STREET SERGEANT BLUFF, IA 51054

(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: 25 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 37 TOTAL census of Assisted Living Program: 37 The following regulatory insufficiencies were cited during the Recertification visit conducted to determine compliance with certification for an Assisted Living Program (ALP).	A 000	See attached POC 4/15/17	
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 118		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 118	Continued From page 1 Program failed to complete criminal, dependent adult abuse and child abuse checks prior to employment for 1 of 3 staff reviewed (Staff C). Finding follows: 1. Record review revealed the Program hired Staff C on 11/13/16. The Program completed the Single Contract License and Background check on 12/5/16. Therefore, the Program did not complete criminal, dependent adult abuse and child abuse checks prior to employment of Staff C. When interviewed on 3/14/17 the Corporate Nurse confirmed the Program did not complete the record check prior to Staff C beginning employment.	A 118		
A 149	481-67.9(6) Staffing 481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to provide training related to the identification and reporting of dependent adult abuse as required for 3 of 3 staff reviewed employed longer than 6 months (Staff A, B and C). Findings follow: Chapter 235B requires employees complete two hours of training related to the identification and reporting of Dependent Adult Abuse within six	A 149		

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A 149	Continued From page 2 months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every five years using an approved curriculum. Review of Staff A's file revealed a hire date of 12/14/15. No record of dependent adult abuse training could be located. Review of Staff B's file revealed a hire date of 1/5/16. No record of dependent adult abuse training could be located. Review of Staff C's file revealed a hire date of 12/5/16. No record of dependent adult abuse training could be located. When interviewed on 3/14/17 the Corporate Nurse confirmed the Program could not provide documentation of Staff A, B and C's dependent adult abuse training.	A 149		
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	A 037		

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A 037	Continued From page 3 significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure functional, cognitive, and health assessments were completed within 30 days of occupancy. This affected 1 of 4 tenants reviewed (Tenant #3). Finding follows: Record review on 3/14/17 revealed Tenant #3 admitted to the Program 1/28/17. Additional record review revealed the tenant's file did not include a cognitive evaluation. When interviewed on 3/14/17 the Registered Nurse (RN) confirmed she could not locate the cognitive evaluation for Tenant #3.	A 037		

HEALTH FACILITIES

APR 06 2017

March 30, 2017

Ms. Linda Kellen, Program Coordinator

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

RE: Floyd Place Plan of Correction

Dear Ms. Kellen

Enclosed is the required "Plan of Correction" regarding the Final Initial Certification Monitoring Evaluation Report at Floyd Place which was conducted on March 14th, 2017. 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. 481-67.19(3) Record Checks

- The Program Executive Director completed an audit of all employee files to ensure background checks were completed and met Iowa regulations. This was done on March 15, 2017.
- The Program Executive Director will conduct a monthly audit to ensure background checks meet the Iowa Regulations for the next 6 months.
- The Program Executive Director will complete state of Iowa Criminal History Record check by Iowa division of criminal investigation for new staff effective March 15, 2017. Results will be in hand prior to offering a position.
- The Regional Director of Care Services provided the Program Executive Director with additional training on the Iowa background check process on March 14, 2017. The Program Executive Director was then delegated as the primary owner of the background check process.

IAC r. 481-67.9(6) Staffing

- The Care Services manager will complete the Dependent Adult Abuse Train the Trainer course by April 7th, 2017.
- Current staff will receive Dependent Adult Abuse training by April 14th, 2017. This training will be held by the Care Services Manager and/or Regional Director of Care Services.
- Regional Director of Care Services and/or Area Manager of Operations will conduct a quarterly audit to ensure compliance for the next two quarters and semiannually thereafter for one year.

- The Care Services Manager will hold a quarterly Dependent Adult Abuse training to ensure new staff members are trained in the appropriate time frame.

IAC r. 481-69.22(2) Evaluation of Tenant

- Care Services Manager will conduct a cognitive, functional, and physical assessment along with a care plan by March 31st, 2017 on Tenant #3.
- Care Service Manager and/or designee will ensure residents receive a functional, cognitive, and health status assessment by April 14th, 2017.
- Regional Director of Care Services conducted an in-service with the Executive Director and Care Service Manager to provide training and instruction on how to ensure 30 day assessments are completed on all residents. This was completed on March 14th, 2017.
- Executive Director or Care Services Manager and/or designee will conduct monthly audits to ensure 30 day assessments are completed for new admissions for the next 3 months and quarterly thereafter for one year.

Date of completion for the Plan of Correction is May 5th, 2017.

Sincerely,

Lori Johnson RN

Lori Johnson

Care Services Manager/Floyd Place