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
	S0259	A. BUILDING: _____ B. WING _____	07/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT OTTUMWA	173 EAST ROCHESTER STREET OTTUMWA, IA 52501

(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: 33 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 40 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 48 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an assisted living program:	A 000		
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	A 121		

8/7/17

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	80259	A. BUILDING: _____ B. WING _____	07/26/2017

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PRAIRIE HILLS AT OTTUMWA	173 EAST ROCHESTER STREET OTTUMWA, IA 52501

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A 121	Continued From page 1 by: Based on interview and record review the Program failed to have 4 of 7 staff reviewed complete a minimum of eight hours of dementia-specific education and training within 30 days of employment (Staff A, B, C and D). Findings follow: Record review revealed Staff A, a caregiver, was hired on 6-1-17. Staff A completed eight hours of dementia-specific training on 7-14-17, more than 30 days after employment. Record review revealed Staff B, a caregiver, was hired on 9-26-16. No dementia training for this staff was found at the time of onsite visit. Record review revealed Staff C, a caregiver, was hired on 9-26-16. Staff C completed eight hours of dementia-specific training on 2-1-17, more than 30 days after employment. Record review revealed Staff D, a caregiver, was hired on 6-2-17. Staff D completed eight hours of dementia-specific training on 7-15-17, more than 30 days after employment. An interview with the Health Services Director on 7-25-17 at approximately 2:15 p.m. revealed previously dementia training was completed every six months. She had recently learned of the requirement to complete traiing within 30 days of employment when she went through policies. Further interview with the Health Services Director on 7-26-17 at 12:05 p.m. revealed Staff A, B, C and D had worked in the dementia unit. An interview with the Executive Director on	A 121	We will conduct all of our new employee dementia training the same day that they come in for their initial paperwork. This will insure that all employees will be trained before they hit the floor. Person responsible for training will be our DON + our RCC. immediate Mary Teckel 8/4/17 Executive Director	

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A 121	Continued From page 2 7-25-17 at approximately 1:50 p.m. confirmed no dementia training could be located for Staff B at the time of the onsite visit.	A 121		