✓ 1/25/18

PRINTED: 12/05/2017
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
	S0182	A. BUILDING: _____ B. WING _____	11/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWTON VILLAGE, INC	122 N 5TH AVENUE WEST NEWTON, IA 50208

(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	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: 26 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 27 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 7 TOTAL census of Assisted Living Program: 34 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an ALP/D program.	A 000	This Plan of Correction is submitted as required under State and Federal law. The submission of this plan of correction does does not constitute an admission on the part of the facility as to the accuracy of the surveyors' findings nor the conclusions drawn from there.	
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	A121 Dementia specific education for personnel. Newton Village Assisted Living does and will provide all personnel employed by or contracting with the program to receive 8 hours of dementia specific training and education within 30 days of employement or the beginning date of the contract.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Debra Dale	Administrator	12-5-2017

DD 1/25/18

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A 121	Continued From page 1 by: Based on interview and record review the Program failed to complete the required dementia training within 30 days of employment for 3 out of 5 employees reviewed (Staff A, Staff B, and Staff C). Findings follow: Record review of employee files revealed the following: 1. Staff A was hired on 1-9-17 and completed 8 hours of dementia training on 2-27-17. Dementia training was not completed within 30 days of hire. 2. Staff A was hired on 5-30-17 and completed 8 hours of dementia training on 7-27-17. Dementia training was not completed within 30 days of hire. 3. Staff A was hired on 6-27-17 and completed 8 hours of dementia training on 8-1-17. Dementia training was not completed within 30 days of hire. During an interview on 11-27-17 at 3:05 p.m. the Registered Nurse Coordinator confirmed this finding.	A 121	All current employee files, of those staff members working in Assisted Living, will be audited for compliance confirming dementia specific training was provided within 30 days of hire or beginning work in the Assisted Living facility. All staff, upon hire, will be scheduled for the 8 hour CCDI dementia specific training within 30 days of employment. This will be monitored through the QA process.	