✓ 2/12/18 ok 2/9/18

PRINTED: 01/22/2018
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
	S0304	A. BUILDING: _____ B. WING _____	01/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERFIELD PLACE	505 EAST GILMAN STREET SHEFFIELD, IA 50475

(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: 13 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 13 TOTAL census of Assisted Living Program: 13 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program (ALP).	A 000	Please see attached Plan of correction. POC 2/16/18	
A 132	481-67.19(9)a, b Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(9) Employee notification of criminal convictions or founded abuse after employment. If a person employed by an employer that is subject to this rule is convicted of a crime or has a record of founded child or dependent adult abuse entered in the abuse registry after the person ' s employment application date, the person shall inform the employer of such information within 48 hours of the criminal conviction or entry of the record of founded child or dependent adult abuse. 67.19(9)a The employer shall act to verify the information within seven calendar days of notification. " Verify, " for purposes of this subrule, means to access the single contact repository (SING) to perform a background	A 132		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bonnie Hobbs — TITLE: Admin. in Training — (X6) DATE: 2-2-18

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A 132	Continued From page 1 check, to request a criminal background check from the department of public safety, to request an abuse record check from the department of human services, to conduct an online search through the Iowa Courts Online Web site, or to contact the county clerk of court office and obtain a copy of relevant court documents. b. If the information is verified, the program shall follow the requirements of paragraphs 67.19(3)" c " and " d. " This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to verify within seven days the information given by an employee of a criminal conviction. This pertained to 1 out of 1 staff with a criminal conviction (Staff C). Findings follow: Review of Staff C's file revealed a Single Contact License and Background Check, dated 11-13-17, indicated further research required for a criminal history. The Iowa Criminal History noted Staff C had court disposition pending for possession of a controlled substance and possession of drug paraphernalia. A fax from the Iowa Department of Human Services, dated 11-20-17, indicated an evaluation could not be completed for an arrest and the Program would be required to rerun the checks when notified by the employee of a conviction. During an interview on 1-3-18 at 1:47 p.m. Staff C stated she told the Nurse Manager she had been to court in December for her arrest and entered a plea of guilty. She stated she told the Manager she was required to pay a fine and had one year of self-supervised probation. She stated the	A 132		

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A 132	Continued From page 2 Nurse Manager then called the Administrator and relayed the information to her. During an interview on 1-3-17 at 1:42 p.m. the Nurse Manager stated Staff C talked to her in December 2017. Staff C reported the case had been deferred. She was required to pay a fine and was on probation. The Nurse Manager stated she notified the Administrator of the information provided by Staff C, but an additional background check was not completed at that time. During and interview on 1-3-17 at 2:23 p.m. the Administrator confirmed this finding. She stated she was given the information by the Nurse Manager in December 2017 that Staff C was required to pay a fine and serve probation. She stated Staff C said the judgement was deferred and she assumed that meant the case was still open and did not run an additional background check at that time. Additional record review revealed the Program failed to complete an additional background check and evaluation after being notified by the employee of the conviction.	A 132		
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	A 037		

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A 037	Continued From page 3 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 significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete an evaluation within 30 days of occupancy. This pertained to 1 of 2 files reviewed (Tenant #1). Finding follows: Review of Tenant #1's file revealed admission to the Program on 4-11-17. Continued record review revealed Resident Comprehensive Assessment, completed on 4-11-17. No documentation of evaluation completed within 30 days of occupancy could be located. When interviewed on 1-4-17 at 9:43 a.m. the Nurse Manager confirmed the lack of evaluation within 30 days of admission. She stated the previous nurse most likely failed to complete the 30 day assessment.	A 037		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant.	A 083		

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A 083	Continued From page 4 The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based interview and record review the Program failed to consistently develop service plans to meet the service needs of the individual tenant. This pertained to 1 of 2 tenants reviewed (Tenant #2). Finding follows: Record review revealed Tenant #2 admitted to the Program 5-24-17. Continued record review revealed the following assessments: a. Resident comprehensive assessment, dated 5-17-17, revealed Tenant #2 independently completed all Activities of Daily Living (ADLs), except medication administration. b. Resident comprehensive assessment, dated 6-19-17, indicated he/she required assistance with bathing and medication administration. c. Resident comprehensive assessment, dated 8-4-17, indicated he/she required assistance with grooming, dressing, bathing and medication administration. d. Resident comprehensive assessment, dated 9-13-17, indicated he/she required assistance with bathing and medication administration.	A 083		

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A 083	Continued From page 5 e. Resident comprehensive assessment, dated 12-11-17, indicated he/she required assistance with bathing and medication administration. Continued record review revealed Tenant #2's service plan dated 5-24-17 documented he/she was independent with bathing. The service plan was reviewed on 6-19-17 with no changes noted. The Service Plan was not updated on 6-19-17 to reflect Tenant #2 required assistance with bathing. The Service Plan was not updated on 8-4-17 to reflect he/she required assistance with grooming, dressing, and bathing. The Service Plan was not updated on 9-13-17 to reflect he/she required assistance with only bathing. The service plan was not based on the evaluations conducted. When interviewed on 1-4-18 at 9:50 a.m. Staff D stated she assisted Tenant #2 during his/her showers on Wednesday mornings and once in a while assisted with dressing when asked by the tenant. When interviewed on 1-4-18 at 9:43 a.m. the Nurse Manager confirmed the service plan was not developed according to evaluations. She stated the previous nurse completed the service plan for Tenant #2 and confirmed staff provided assistance with bathing.	A 083		
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling	A 104		

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A 104	Continued From page 6 prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide orientation on sanitation and safe food handling prior to staff handling food. This pertained to 2 out of 4 staff reviewed (Staff A and Staff B). Findings follow: Review of staff files revealed the following: 1. Staff A, hired 9-7-17, completed food safety and sanitation training on 12-19-17. 2. Staff B, hired 11-20-17, completed food safety and sanitation on 1-3-18. When interviewed on 1-3-18 at 12:02 p.m. the Nurse Manager confirmed Staff A and Staff B served food prior to completing training on food safety and sanitation.	A 104		

2/12/18 2/19/18

The preparation of the following plan of correction for this regulatory insufficiency does not constitute and should not be interpreted as an admission nor an agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies.

A 132

Staff C had a new background check run on 1/3/2017.

Administrator or designee will verify the information within seven calendar days of notification by employee after conviction of a crime by checking the single contact repository (SING) to perform a background check, or request a criminal background check from the department of public safety, or request an abuse record check from the department of human services, or conduct an online search through the Iowa Courts Online Web site, or contact the county clerk of court office and obtain a copy of relevant court documents.

Administrator or designee will audit that new background check is completed weekly x 4 weeks on any employees that require an updated background check due to conviction of a crime.

Compliance date: 2/16/2018

A037 Evaluation

Program Registered Nurse and Licensed Practical Nurse received training in completion of 30 day evaluation regulatory requirements on 12/7/2017.

All new occupants will receive a health, cognitive or functional evaluation within 30 days of move-in.

R.N. or Designee will audit weekly x 4 weeks that all new occupants will have a health, cognitive and functional evaluation within 30 days of move-in.

Compliance date: 2/16/2018

A083 Service Plan

Tenant #2 had an updated health, cognitive and functional evaluation done on 2/1/2018. Service plan was updated to reflect bathing and medication needs.

Registered Nurse and Licensed Practical Nurse received education on 12/7/2017 on evaluations and service plans.

Compliance date: 2/16/2018

Program RN or Designee will audit weekly x 4 weeks that bathing and medication assistance are correct per the service plan.

A104 Food Service

Employee A completed food safety and sanitation training on 12/19/17. Staff B completed food safety and sanitation training on 1/3/18.

Facility will continue to provide food safety and sanitation training as part of the Assisted Living employee orientation program.

Administrator or Designee will audit weekly x 4 weeks that new orientation process is followed for new employees hired.

Compliance date: 2/16/2018

Respectfully Submitted,

Bonnie Hubka, Administrator in Training