✓ 10/8/18

PRINTED: 09/13/2018
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
	S0090	A. BUILDING: _____ B. WING _____	08/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE HOUSE	1320 LITCHFIELD DR HIAWATHA, IA 52233

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 7 Number of tenants with cognitive disorder: 13 Total Census of Assisted Living Program for People with Dementia: 20 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program.	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 003	Promise House Hiawatha will continue to follow all policies and procedures related to incident reports. All accidents/unusal occurrences will be documented utilizing an incident reporting form. The Quality Assurance team will maintain compliance by reviewing all accidents and unusual occurrences periodically to assure compliance is maintained.	10/13/18

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A 003	Continued From page 1 Program failed to follow their policy regarding the completion of incident reports for 1 of 4 tenants reviewed (Tenant #2). Findings follow: 1. Record review on 8-27-18 of Tenant #2's file revealed a diagnosis of Alzheimer's disease. Tenant #2 was staged at a six on the Global Deterioration Scale, which indicated severe cognitive decline. Resident Notes indicated the following: a. On 3-13-18 it was noted Tenant #2 was very hard to redirect, constantly tried to leave and raised his fist at staff. He also kept rubbing another tenant while she was sleeping. b. On 3-26-18 it was noted Tenant #2 raised his fist at staff when staff asked him to leave another tenant's apartment. c. On 8-3-18 it was noted Tenant #2 was agitated and charged at staff when staff tried to redirect him. d. On 8-4-18 it was noted Tenant #2 pulled on the wood window shades, hit the window, tried to go to the door and used foul language when redirected by staff. It was noted he continued to charge at staff and went out the patio door. No incident reports regarding these occurrences could be located. Review on 8-27-18 of the Program's policy for incident reports indicated all accidents or unusual occurrences that affected tenants should be reported as incidents. It included tenant/tenant altercation, tenant/staff altercation and tenant injury. The incident report was to be completed by the person in charge at the time of the incident. The policy indicated "When in doubt, complete the form."	A 003		

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A 003	Continued From page 2 2. When interviewed on 8-27-18 at 1:23 p.m. about the incident on 8-4-18 the Director indicated she would not have expected an incident report regarding Tenant #2 and the window blinds; however, would have appreciated an incident report regarding him exiting the door. When interviewed on 8-27-18 at 4:21 p.m. the Assistant Director indicated all incident reports for Tenant #2 since admission were provided.	A 003		
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 interview and record review the Program failed to ensure all staff received eight hours of dementia-specific education and training within 30 days of employment. This pertained to 1 of 5 staff employed longer than 30 days (Staff A). Findings follow: 1. Record review on 8-23-18 revealed Staff A's date of hire as 6-5-18. Staff A did not have eight hours of dementia-specific training completed with 30 days of hire. 2. When interviewed on 8-27-18 at 3:50 p.m. the	A 121	Promise House Hiawatha will continue to provide the eight hours of Dementia specific education. Compliance will be maintained by the Quality Assurance and Assessment Committee maintaining and checking all employee records to assure that all requirements are met.	10/13/18

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A 121	Continued From page 3 Assistant Director confirmed all documented dementia-specific education for Staff A was provided.	A 121		