V 11/8/19 OK 11/7/19, PRINTED: 12/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALPD360 HFD	A. BUILDING _____ B. WING _____	11/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT FOREVERGREEN	1275 W FOREVERGREEN ROAD NORTH LIBERTY, IA 52317

(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: 1 Number of tenants with cognitive disorder: 19 TOTAL Census of Assisted Living Program for People with Dementia: 20 The investigation of Complaint #78690-C was completed, which resulted in regulatory insufficiencies.	A 000	See attached POC 11/7/19	
A 012	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure tenants were treated with consideration, respect, and full recognition of personal dignity and autonomy related to staff taking and transmitting electronic images and recordings of tenants via social media. This directly pertained to 3 of 3 tenant files reviewed (Tenants #1, #2 and #3) and potentially affected all tenants of the Program (census of 20). When interviewed on 11-8-18 at 1:26 p.m. the Executive Director revealed Staff A reported Staff E took a 10 second video of a tenant and Staff B and put it on social media. The tenant was no longer at the Program. In Staff A's first	A 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 012	Continued From Page 1 employment at the Program she sent an image via social media of a tenant because the tenant "looked cute." Another employee saw it and reported it to the Nurse. When interviewed on 11-8-18 at 12:05 p.m. and 3:10 p.m. the Nurse reported awhile ago she received a telephone call from a previous staff who reported Staff A sent an audio recording of Tenant #3 on social media. The Nurse reported there was no image seen and it was audio recording of Tenant #3. The Nurse called Staff A at work and told Staff A it was not acceptable and it was a violation of the tenant's rights. Staff A did not show up for the next scheduled shift and self-terminated due to the not calling or showing up for work. A few months ago Staff A asked to meet with the Nurse and Executive Director and Staff A acknowledged she had done it. Staff A reported Tenant #3 was saying funny things and Staff A thought it was "cute." The Nurse also revealed she became aware from the Executive Director that Staff E was in a tenant's apartment and shared a video on social media of a tenant sitting on a couch. She was not aware of any caption of the video posted by Staff E and there was no caption with Staff A's posting of the audio recording. When interviewed Staff A reported Staff E recorded a conversation, a 10 second video, between Staff B and a tenant a month ago. It was a video shared on social media. The tenant was fully dressed; however, Staff A said the tenant was "not all there." When interviewed Staff D reported Staff E took a picture of Tenants #1 and #2 sitting on the couch in the hallway. The tenants were awake, talking, and fully dressed. Staff D reported Staff E shared the image via social media and Staff F was	A 012		

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A 012	Continued From Page 2	A 012		

contacted by a mutual friend. Staff F brought it up to Staff D a month to month and a half ago. Staff D saw the image of the tenants. Staff D had also heard that Staff A had taken a video of a tenant and put it on social media when Staff A was employed previously at the Program. Staff D had not seen the video and could not provide additional details. Staff D reported Staff A came back and was re-hired by the Program.

When interviewed Staff F reported Staff E shared a picture on social media of Tenants #1 and #2 seated on a couch with a caption of "memory care love birds." Staff F was not aware of the timeframe it occurred.

When interviewed Staff E denied any knowledge of staff taking videos, pictures, or audio recordings of tenants.

Record review of Tenant #1's file revealed Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 had a diagnosis including dementia without behavioral disturbance.

Record review of Tenant #2's file revealed Tenant #2 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #2 had diagnoses including dementia.

Record review of Tenant #3's file revealed Tenant #3 was staged at a six on the GDS, which indicated severe cognitive decline. Tenant #3 had diagnoses including: dementia.

Continued record revealed the Program's employee handbook addressed the Health Insurance Portability and Accountability Act (HIPAA) and indicated that violations of HIPAA were extremely serious and could result in

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A 012	Continued From Page 3 disciplinary action up to and including termination. It also addressed cell phone usage. Personal cell phones were not to be used or carried staff staff at any time during the shift except on break or meal times and only in the designated break area. A personal cell phone was not allowed at any time in an apartment or common areas. Certain employees as specified by the Executive Director were allowed to carry and use cell phones provided by management in the Program for business use only. Failure to follow the policy would result in disciplinary action up to and including termination of employment.	A 012		
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 Program failed to a complete criminal history background check and child and dependent adult abuse registries background check prior to employment. This pertained to 1 of 7 staff reviewed (Staff B). Findings follow: Record review revealed Staff B's date of hire was 9-29-18. Staff B previously worked at the	A 118		

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A 118	Continued From Page 4 Program from 7-10-18 to 9-13-18. A criminal history background check and child and dependent adult abuse registries background check was completed prior to hire for Staff B's previous employment with the Program; however, the Program failed to complete a background check prior to Staff B's re-hired on 9-29-18. Continued record review revealed Staff B's date of first paid wages was 9-27-18 at 11:33 a.m. When interviewed on 11-8-18 at 1:26 p.m. the Executive Director confirmed when Staff B was re-hired and a new background check was not completed.	A 118		
A 124	481-67.19(4) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure a staff employment within 30 days of the receipt of the background check results. This pertained to 1 of 7 staff reviewed (Staff A). Findings follow: Record review revealed Staff A's date of hire was	A 124		

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A 124	Continued From Page 5 9-19-18. A criminal history background check and abuse registries background check was completed on 7-31-18. Further research was indicated on the criminal history background check. No records were found on the child abuse or dependent adult abuse registries. Continued record review revealed the Iowa Record Check Request Form S indicated a record was found dated 8-3-18. The approval notice that indicated Staff A could work at the Program was dated 9-18-18. The results of the background check completed on 7-31-18 were no longer valid as the results were greater than 30 calendar days from the date the results were received. When interviewed on 11-13-18 at 12:13 p.m. the Executive Director and Nurse revealed the Staff A's Record Check Evaluation was initially faxed to an incorrect state agency and incorrect fax number. It was faxed to the Department of Criminal Investigation and not to the Department of Human Services.	A 124		

OK
1/17/19

1/18/19

Keystone Place
At Forevergreen
A Life Fulfilling Retirement Community

December 28, 2018

Department of Inspections and Appeals

Attn: Catie Campbell

Lucas State Office Building

321 East 12th Street

Des Moines, Iowa 50319

Dear Ms. Campbell:

On behalf of Keystone Place at Forevergreen in North Liberty, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated December 17, 2018. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Tenant Rights

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - All Tenants who reside at Keystone Place at Forevergreen will be treated with full recognition of personal dignity and autonomy related to unauthorized staff taking and transmitting electronic images and recordings of tenants via social media.

2. What measures will be taken to ensure the problem does not recur.
    - All staff will be educated on Keystone Place at Forevergreen's policy for use of cell phones and taking/transmitting electronic images and records of tenants via social media.

- Staff will be educated as to who/what positions at Keystone Place at Forevergreen have authorization to take/use photos or other electronic images and records for advertising and/or social media.

3. How the Program plans to monitor performance to ensure compliance.
   - Staff will be educated on policy/protocol upon hire and annually.

4. The date by which the regulatory insufficiency will be corrected.
   - This regulatory insufficiency will be corrected by January 17, ~~2018.~~ 2019 LK per M. Pipkin

Record Checks

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - All staff employed by or rehired by Keystone Place at Forevergreen will have a criminal, dependent adult abuse, and child abuse record check completed prior to offer of employment.

2. What measures will be taken to ensure the problem does not recur.
   - Staff responsible for making employment offers and/or completing employment paperwork will be trained on regulatory requirements for completion of background record checks prior to employment.

3. How the Program plans to monitor performance to ensure compliance.
   - The Executive Director and or Designee will audit employee records at least annually to ensure compliance with completion of Record Checks.

4. The date by which the regulatory insufficiency will be corrected.
   - This regulatory insufficiency will be corrected by January 17, ~~2018.~~ per M Pipkin 2019 LK

If you have any questions regarding this plan of correction, please feel free to contact me at 319-459-1964. Thank you.

Sincerely,

Mary Jo Pipkin

Mary Jo Pipkin

Executive Director