DEPARTMENT OF INSPECTIONS AND APPEALS

✓ 6/26/19 OK 6/24/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0347	A. BUILDING: _____ B. WING _____	04/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN PLACE	1406 EAST 19TH STREET ATLANTIC, IA 50022

(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: 39 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 42 TOTAL census of Assisted Living Program: 42 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	See Attached POC 6/21/19	
A 059	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).	A 059		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 059	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure completion of nursing delegations within 30 days of employment for 3 of 4 staff reviewed that required delegation training (Staff B, Staff C, and Staff D). Findings follow: Review of staff files revealed the following: 1. Staff B's file indicated a hire date of 6-18-18. Documentation of Registered Nurse (RN) delegation training could not be located. 2. Staff C's file indicated a hire date of 9-14-18. Documentation of RN delegation training could not be located. 3. Staff D's file indicated a hire date of 6-18-18. Documentation of RN delegation training could not be located. When interviewed on 4-22-19 at 2:38 p.m., the Administrator confirmed these findings.	A 059		
A 121	481-67.19(3)c Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services	A 121		

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A 121	Continued From page 2 will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain evaluation from the Department of Human Services (DHS) for 1 of 1 staff reviewed with a criminal history (Staff A). Finding follows: Record review of Staff A's file indicated a hire date of 8-20-18. Further review revealed Iowa Criminal History, dated 8-14-18, indicated a criminal conviction on 3-12-78. Further evaluation completed by DHS could not be located. When interviewed on 4-22-19 at 2:38 p.m., the Administrator confirmed further evaluation had not been completed regarding Staff A's criminal conviction.	A 121		
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	A 037		

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A 037	Continued From page 3 eligibility for the program and to determine any 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 functional, cognitive, and health evaluations with significant change. This pertained to 1 of 2 tenants admitted to hospice (Tenant #1). Findings follow: Review of Tenant #1's chart revealed admission to hospice on 3-13-19. Further record review revealed functional, cognitive, and health assessments could not be located. When interviewed on 4/23/19 at 10:39 a.m. the Regional Director of Care Services confirmed functional, cognitive, and health evaluations were not completed with Tenant #1's significant change.	A 037		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.	A 085		

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A 085	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update tenants' service plans after significant change. This pertained to 1 of 2 tenants admitted to hospice (Tenant #1). Finding follows: Record review revealed Tenant #1's admission to hospice on 3-13-19. Further record review revealed Tenant #1's most recent service plan, dated 1/2/19. No updated service plan could be located. When interviewed on 4/23/19 at 10:39 a.m., the Regional Director of Care Services confirmed these findings.	A 085		

OK
6/24/19

June 5th , 2019

✓ 6/26/19

Ms. Linda Kellen, Bureau Chief

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

RE: Allen Place Plan of Correction

Dear Ms. Kellen

Enclosed is the required "Plan of Correction" regarding the Recertification Survey which was conducted April 22nd –April 23rd, 2019 at Allen Place. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-67.9(4) b – Staffing

- Staff B, C, and D received RN delegation training on May 23rd, 2019.
- RDCS re-educated the ED and CSM on the requirements of having RN delegations completed within 30 days of hire; on April 23rd, 2019.
- ED or designee and CSM or designee will review current staff training to ensure that all delegations are complete and current with the new RN.
- ED or designee and CSM or designee will conduct an audit quarterly for the next 2 quarters to ensure new staff receive RN delegations upon hire.
- Leadership team will discuss monthly in QI meeting to ensure sustained compliance.

IAC r 481-67.19(3) c – Record Checks

- ED resubmitted Staff A's background check on 4/25/19 and received approval on 5/1/2019.
- RDCS re-educated the ED on the requirements of Iowa specific background checks and the proper process to ensure all documentation is returned before hire; on April 23rd, 2019.
- ED or designee will review current staff to ensure each has the proper background check and documentation present.
- ED or designee will conduct an audit quarterly for the next 2 quarters to ensure all background check documentation is back prior to starting.
- Leadership team will discuss monthly in QI meeting to ensure sustained compliance.

IAC r 481.69.22(2) – Evaluation of Tenant

- Tenant #1- an updated service plan was completed on April 22nd, 2019 to reflect current cares and needs.

- RDCS re-educated the ED and CSM on the requirements of completing a functional, cognitive, and health evaluations with significant change in conditions; on April 23rd, 2019.
- Ed or designee and CSM or designee will review current residents who had a signification change in condition to ensure that evaluations were completed and care plans reflect needs.
- ED or designee and CSM or designee will conduct an audit quarterly for the next 2 quarters to ensure change of condition assessments are completed timely and accurate to reflect resident changes and needs.
- Leadership team will discuss monthly in QI meeting to ensure sustained compliance.

IAC r 481-69.26(3) – Service Plans

- Tenant #1 – an updated service plan was completed on April 22nd, 2019 to reflect current cares and needs.
- RDCS re-educated the ED and CSM on the requirements of having Service Plans that are individualized and identify needs and preferences for assistance and reflect a change of condition; on April 23rd, 2019.
- ED or designee and CSM or designee will review current resident service plans to ensure that they are individualized and identify needs and preferences for assistance; newly admitted residents will be reviewed at the time of move-in to ensure the same.
- ED or designee and CSM or designee will conduct an audit quarterly for the next 2 quarters to ensure change of condition assessments are completed timely and accurate to reflect resident changes and needs.
- Leadership team will discuss monthly in QI meeting to ensure sustained compliance.
- Date of completion for the Plan of Correction is June 21st, 2019.

Sincerely,

Sammarra Smith, ED

Executive Director/Allen Place