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
	S0167	A. BUILDING: _____ B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VRIENDSCHAP VILLAGE ALPD	2604 FIFIELD ROAD PELLA, IA 50219

(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: 0 Number of tenants with cognitive disorder: 7 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with licensing rules for an Assisted Living Program serving Individuals with Dementia.	A 000		
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). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff were competent to meet the needs of the tenants within 30 days of beginning employment for 3 of 8 staff reviewed	A 059	Plan of Correction is attached DH	

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 (Staff A, Staff F and Staff G). Findings follow: A review of personnel files on 6/18/19 revealed Staff A had a hire date of 3/15/19. Staff A was not delegated by the Registered Nurse until 4/19/19. Record review on 6/18/19 revealed Staff F had a hire date of 3/23/18. Staff F was not delegated by the Registered Nurse until 1/3/19. A review of personnel files on 6/18/19 revealed Staff G had a hire date of 1/27/19. Staff G was not delegated by the Registered Nurse until 4/24/19. The Executive Director and Program Director confirmed these findings during an interview on 6/19/19 at 2:45 PM.	A 059		
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	A 118		

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A 118	Continued From page 2 Program failed to complete a background check prior to hire for 1 of 1 employees reviewed hired within the previous three months (Staff A). Findings follow: Record review on 6/18/19 revealed Staff A had a hire date of 3/15/19. Background checks completed prior to hire could not be located. On 6/19/19 at 2:35 PM the Executive Director and Program Director stated this was a former employee and confirmed background checks were not completed upon re-hire.	A 118		
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 2 of 8 staff reviewed received dementia-specific education within 30 days of beginning employment (Staff F and Staff H). Findings follow: A review of personnel records on 6/18/19 revealed Staff F had a hire date of 3/23/18. Staff F did not receive training on caring for individuals with dementia until 6/20/18.	A 121		

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A 121	Continued From page 3 Record review on 6/18/19 revealed Staff H had a hire date of 5/29/18. Staff H did not receiving training on caring for individuals with dementia until 10/30/18. The Executive Director and Program Director confirmed these findings on 6/19/19 at 2:45 PM.	A 121		

7/24/19

Vriendshcap Village

2602 Fifield Rd

Pella Iowa 50219

641 628 8260

lawhite@watermarkcommunities.com

7/5/19

Below is our Plan of Correction for our ALPD Recertification conducted 6/20/19.

A059 Nursing Delegations completed greater than 30 days after hire date

1. Vriendschap Village will ensure compliance by assigning nurse delegations on all care associates within 30 days of hire date.
2. Reoccurrence will be prevented by HR designee completing Exel spreadsheet calculating required dates based on date of hire for background checks, required dementia training, nurse delegations, and mandatory reporter training. This spreadsheet tracks initial, and annual required tasks and education. New employee check sheet has also been developed and must be initialed before employee can begin working. Front desk manager also assigned to be the second person to make sure these are completed before the employee can begin working. HR designee will also be utilizing reminders for annual training due through Outlook Calendar.
3. Auditing employee files will be conducted twice yearly.
4. Spreadsheet utilization initiated in community 6/24/19

A118 Record Checks Missing background check

1. Vriendschap Village will ensure compliance by conducting Background check on all employees and within 30 days of hire date.
2. Reoccurrence will be prevented by new employee check sheet developed and must be initialed and completed before employee can begin working. Front desk manager also assigned to be the second person to make sure these are completed before the employee can begin working.
3. Auditing employee files will be conducted twice yearly.
4. Missing background check was completed 6/20/19

A121 Dementia Education within 30 days of hire

1. Vriendschap Village will ensure compliance providing dementia specific education on all associates within 30 days of hire date.
2. Reoccurrence will be prevented by HR designee completing Exel spreadsheet calculating required dates based on date of hire for background checks, required dementia training, nurse delegations, and mandatory reporter training. This spreadsheet tracks initial, and annual required tasks and education. New employee check sheet has also been developed and must be initialed before employee can begin working. Front desk manager also assigned to be the second person to make sure these are completed before the employee can begin working. HR designee will also be utilizing reminders for annual training due through Outlook Calendar.
3. Auditing employee files will be conducted twice yearly.
4. Spreadsheet utilization initiated in community 6/24/19

Please accept this as our Plan of Correction

Lisa White,RN Executive Director

7/17/19