

1/10-21-19

OK
10/20/19

PRINTED: 08/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP344 HFD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2019
NAME OF PROVIDER OR SUPPLIER AMELIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 57 WEST FERNDAL DRIVE CO BLUFFS, IA 51503		
(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. Number of tenants without cognitive disorder: 39 Number of tenants with cognitive disorder: 10 TOTAL Census of Assisted Living Program: 49 This Program has met criteria to be an Assisted Living Program for People with Dementia by definition for the last two recertification visits. The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000	<i>See attached</i> <i>POC</i> <i>9/20/19</i>		
A 149	481-67.9(6) Staffing 481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received Dependent Adult Abuse Training within six months. This affected 2 of 4 staff reviewed (Staff B and C). Findings follow: Record review on 8/20/19 revealed the Program hired Staff B on 11/12/18 and Staff C on 1/29/19.	A 149			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 149	Continued From Page 1 Both staff completed the Dependent Adult Abuse training on 8/20/19. When interviewed on 8/20/19 at 4:00 p.m. the Executive Director confirmed the staff started the training but failed to finish it. The staff completed the training on 8/20/19 (recertification date) which did not meet the six month requirement.	A 149			

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September 20th, 2019

Ms. Linda Kellen, Program Coordinator

Adult Services Bureau

Iowa Department of Inspections and Appeals

Lucas State Building

321 East 12th Street

Des Moines, IA 50319-0083

RE: Amelia Place Plan of Correction

Dear Ms. Kellen

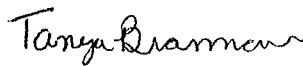
Enclosed is the required "Plan of Correction" regarding the Re-Certification Monitoring Evaluation Report at Amelia Place which was conducted on August 20th, 2019. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be constructed 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(6) - Staffing

- The Regional Director of Care Services completed re-education with the Executive Director on 9/17/2019 regarding Dependent Adult Abuse expectations.
- Staff B and C completed Dependent Adult Abuse training on 8/20/2019.
- Executive Director and/or designee will conduct an audit to ensure completion of Dependent Adult Abuse training. This will be done monthly for one quarter and then quarterly for two quarters.

Date of completion for the Plan of Correction is September 20th, 2019.

Sincerely,



Tanya Brannan

Executive Director/Amelia Place