STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP059	A. BUILDING _____ B. WING _____	10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EILER PLACE	920 W GARFIELD CLARINDA, IA 51632

(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: 43 Number of tenants with cognitive disorder: 10 TOTAL census of Assisted Living Program: 53 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. This Program has met criteria to be an Assisted Living Program for People with Dementia by definition for the last two recertification visits.	A 000		
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 provide training related to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This pertained to 3 of 5 staff reviewed (Staff A, Staff B, and Staff C). Findings follow: Record review on 10-22-19 revealed the following: 1. Staff A was hired 4-2-19. No documentation of	A 149		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 149	Continued From Page 1 dependent adult abuse training could be located. 2. Staff B was hired 12-21-18. No docuemntation of dependent adult abuse training could be located. 3. Staff C was hired 5-3-18. No documentation of dependent adult abuse training could be located. On 10-22-19 at 10:32 a.m. the Care Services Manager confirmed these findings.	A 149		