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
	S0129	A. BUILDING: _____ B. WING _____	10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY SENIOR AL	501 12TH STREET PERRY, IA 50220

(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: 38 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 38 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	HEALTH FACILITIES DEC 10 2019	
A 058	481-67.9(4)a 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: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	A 058	① Nurse manager will completed delegation documentation of competency of all Health Care Aides at Facility ② Any newly hire will be instructed to complete delegation with in 60days of hire ③ Nurse Delegation will be added to employee record audit form to ensure facility remains in compliance ④ completed by 12/18/2019	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: ACregeenKW | TITLE: AL Coordinator | (X6) DATE: 11/25/2019

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A 058	Continued From page 1 Program's registered nurse (RN) failed to ensure 2 of 2 direct care staff reviewed were sufficiently trained within 60 days of her hire (Staff C, Staff D). Findings include: On 10/23/19 at 8:50 a.m. the Administrator reported also being the Nurse Manager and responsible for the delegation of the direct care staff. Her date of hire was 7/09/19. On 10/23/19 personnel record review revealed Staff C and Staff D were Health Care Aides who performed direct care duties. A documented review of competency skills for these staff completed by the Nurse Manager within 60 days of her hire could not be located. On 10/23/19 at 1:15 p.m. interview with the Nurse Manager confirmed she had not completed these reviews.	A 058		
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 completed training related to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16 for 3 of 4 staff reviewed employed longer than 6 months (Staff C, D, E).	A 149	①Employees will complete ②Dependent Adult Abuse Training. Dependent Adult Abuse Training (or proof of previous completion) will be part of new hire orientation. ③Tracking for will be developed to track Dependent Adult Abuse Training completion dates and expiration dates. ④ Deficient Personal will be up to date by 12/18/2019	

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A 149	Continued From page 2 Findings include: Chapter 235B.16 requires employees to complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment. On 10/23/19 personnel record review revealed the following: - Staff C was hired on 10/02/18. No record of completion of this training could be located. - Staff D was hired on 3/26/19. No record of completion of this training could be located. - Staff E was hired on 12/28/18. No record of completion of this training could be located. On 10/23/19 at 1:15 p.m. the Administrator confirmed these findings.	A 149		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional	A 036	① Tenants 1-8 will have an evaluation of functional, cognitive, and health status completed ② Facility will remain in compliance by completing initial functional, cognitive, and health status prior to signing occupancy agreement ③ Tracking form will be developed to track initial functional, cognitive, and health status completion dates ④ Functional, cognitive, and health status will be completed by 12/18/2019	

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A 036	Continued From page 3 or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure evaluations were completed prior to occupancy for 8 of 8 tenants admitted from another Program (Tenants #1-8). Findings include: On 10/23/19 at 8:50 a.m. review of a list of tenants revealed several recent admissions. The Administrator reported there were a total of 8 recent admissions from another Program in the area that closed. She stated these individuals were considered transfers and not new admissions as the Program that closed was run by the same company. As a result, initial evaluations of functional, cognitive and health status were not completed prior to tenants signing occupancy agreements and taking up residency.	A 036		
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 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	A 037	① Tenants 1-8 will have a 30day evaluation of functional, cognitive, and health status completed within 30days of initial evaluation. ② Facility will remain in compliance by completing 30day evaluations of functional, cognitive, and health status of occupancy. ③ Tracking form will be developed to track 30day evaluations of tenant's occupancy ④ 30day Functional, cognitive, and health status will by completed by 12/18/2019	

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A 037	Continued From page 4 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 record review and staff interview the Program failed to ensure evaluations were completed within 30 days of occupancy for 8 of 8 tenants reviewed (Tenants #1-8). Findings include: On 10/23/19 at 8:50 a.m. the Administrator reported there were a total of 8 recent admissions from another Program in the area that closed. She stated these individuals were considered transfers and not new admissions as the closed Program was run by the same company. As a result, the Program did not complete evaluations within 30 days of occupancy as required.	A 037		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.	A 084	①Tenants 1-8 will have service plans completed ② Facility will remain in compliance by developing a service plan prior to occupancy ③ Tracking form will be developed to track service plan completion dates ④ Service plans to be completed by 12/18/2019	

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A 084	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure preliminary service plans were completed prior to occupancy for 8 of 8 tenants admitted from another Program (Tenants #1-8). Findings include: On 10/23/19 at 8:50 a.m. review of a list of tenants revealed several recent admissions. The Administrator reported there were a total of 8 recent admissions from another Program in the area that closed. She stated these individuals were considered transfers and not new admissions as the Program that closed was run by the same company. As a result, preliminary service plans developed by the current Program were not completed prior to occupancy.	A 084		