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
	S0121	A. BUILDING: _____ B. WING _____	10/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW MANOR AL	2423 LUTHERAN DR MUSCATINE, IA 52761

(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: 12 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 12 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with the licensing rules for an Assisted Living Program.	A 000		
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 program's newly hired registered nurse (RN)	A 058	Plan of Correction is attached DJ	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 058	Continued From page 1 failed to ensure 3 of 3 long-term staff were sufficiently trained within 60 days of her hire (Staff B, Staff E and Staff G). Findings follow: The RN Manager was hired on 6/26/19 to work at the program. Reviews of competency skills for Staff B, Staff E and Staff G were not completed until 10/1/19. The RN Manager confirmed these findings in an interview on 10/15/19 at 2:00 PM.	A 058		
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, 1 of 2 employees hired in the last four months began employment before the background check process had been completed (Staff A). Findings follow: Record review on 10/15/19 revealed Staff A had a hire date of 6/24/19. A SING check (Single Contact License and Background Check) was	A 118		

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A 118	Continued From page 2 completed on 6/21/19. The criminal history check revealed further research was required. The results of the further research indicating no criminal history was found was not obtained until 6/28/19, 4 days after staff was hired. The Registered Nurse Manager confirmed this finding during an interview on 10/15/19 at 2:00 PM.	A 118		

√ 1/1/20

Plan of Correction

Submission of this Response and Plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations. Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance.

A 058 481-67.9(4)a Staffing

- Staff member B, E, G had competency skills completed by 10/1/2019
- RN Manager educated on the requirement of staff competency within 60 days of hire
- Review of all other staff to ensure competency requirement have been met
- Audit of completion of competency requirements will be done with every new hire for 3 months.
- E.D./DOW will report results and trends of audits to QAPI Committee to determine ongoing need for focus
- Compliance date 11/6/2019
- RN Manager will attend Assisted Living Regulatory Nurse Class as soon as possible.

A 118 481-67.19(3) Record Checks

- Staff A did have background study which indicated no criminal history 6/28/19,
- Other staff files reviewed to ensure background study was completed as required.
- Education provided to RN manager on timeliness of background study and staff member's inability to work until those results are obtained.
- Tracking form to be developed by HR to audit hiring process by both HR and Assisted Living before new hire is allowed to work.
- Audits of every new hire to ensure background study and tracking form has been completed and results are obtained before staff are able to work will be done with each hire for 3 months.
- DOW/designee will report results and trends of audits to QA Committee to determine ongoing need for focus
- Compliance date 11/6/2019

Randi Roggentien, Program Director 11/07/2019

Ann Jones RN Assisted Living Manager 11/07/2019

1/3/20