STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP118	A. BUILDING _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE AT NORTHERN HILLS	4002 TETON TRACE SIOUX CITY, IA 51104

(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 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: 52 Number of tenants with cognitive disorder: 14 TOTAL census of Assisted Living Program for People with Dementia: 66 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See attached POC 2/5/2020	
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 staff received eight hours of dementia training within 30 days of employment. This pertained to 4 of 8 staff reviewed (Staff A, Staff B, Staff D, and Staff E). Findings follow: Record review on 12-10-19 revealed the following:	A 121		

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
	IAALP118	A. BUILDING _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE AT NORTHERN HILLS	4002 TETON TRACE SIOUX CITY, IA 51104

(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 121	Continued From Page 1 1. Staff A was hired 6-6-19. Review of Relias transcripts revealed 6.25 hours of dementia training completed by 6-10-19. No additional documentation of dementia training within 30 days of employment could be located. 2. Staff B was hired 3-28-19. Review of Relias transcripts revealed 6.25 hours of dementia training completed by 3-29-19. No additional documentation of dementia training within 30 days of employment could be located. 3. Staff D was hired 5-15-18. Review of Relias transcripts revealed seven hours of dementia training completed by 6-8-18. No additional documentation of dementia training completed within 30 days of employment could be located. 4. Staff E was hired 7-8-19. Review of Relias transcripts revealed 6.25 hours of dementia training completed by 7-9-19. No additional documentation of dementia training completed within 30 days of employment could be located. On 12-10-19 at 3:33 p.m. the Office Director confirmed these findings.	A 121		
A 123	481-69.30(3)a Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(3)a Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific	A 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP118	A. BUILDING _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE AT NORTHERN HILLS	4002 TETON TRACE SIOUX CITY, IA 51104

(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 123	Continued From Page 2 continuing education annually. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received at least eight hours of dementia training annually. This pertained to 2 of 2 staff reviewed employed over one year (Staff C and Staff D). Findings follow: Record review on 12-10-19 revealed the following: 1. Staff C was hired 5-2-18. Review of Relias transcripts revealed 5 hours of annual dementia training completed by 6-12-19. No additional documentation of annual dementia training could be located. 2. Staff D was hired 5-15-18. Review of Relias transcripts revealed zero hours of annual dementia training completed by 6-8-19. On 12-10-19 at 3:33 p.m. the Office Director confirmed these findings.	A 123		
A 125	481-69.30(5) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(5) Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program. This Requirement is not met as evidenced by: Based on interview and record review the	A 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP118	A. BUILDING _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE AT NORTHERN HILLS	4002 TETON TRACE SIOUX CITY, IA 51104

(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 125	Continued From Page 3 Program failed to include hands on dementia training. This pertained to 3 of 8 staff reviewed (Staff B, Staff C, and Staff D). Findings follow: Record review on 12-10-19 revealed the following: 1. Staff B was hired 3-28-19. No documentation of initial hands-on training could be located. 2. Staff C was hired 5-2-18. No documentation of annual hands-on training could be located. 3. Staff D was hired 5-15-18. No documentation of annual hands-on training could be located. On 12-11-19 at 10:17 a.m. the Office Director confirmed these findings.	A 125		

✓ 2/3/20 OK 1/30/2020

Dementia Specific Education for Personnel – Tag ID A121

- The identified staff members that were out of compliance with the dementia training they were required to have within 30 days of hire were assigned training modules and will be compliant by 02/05/2020
- Dementia training records for all staff will be audited for compliance by the Office Director or designee by 02/05/2020

What measures will be taken to ensure the problem does not recur:

- Department managers will review training records to assure that newly hired employees have completed the appropriate dementia training within 30 days of hire.
- The staff member will have to prove completion of all required training by presenting a certificate of completion and/or proof of attendance at a live session to their supervisor to prove their compliance
- Staff will be taken off the schedule until required dementia training has been completed

How the Program plans to monitor performance to ensure compliance:

- The community's Office Director or designee will send out a monthly compliance report to the appropriate department managers to ensure the new staff are remaining compliant with their dementia training
- Regional Director of Operations or designee will audit 10% of employee files on a quarterly basis to ensure new hire compliance is achieved at 100% for 12 consecutive months

The date by which the regulatory insufficiency will be corrected:

- This regulatory insufficiency will be corrected by 02/05/2020.

Dementia Specific Education for Personnel – Tag ID A123

- The identified staff members that were out of compliance with their annual dementia training were assigned training modules and will be compliant by 02/05/2020
- Dementia training records for all staff will be audited for compliance by the Office Director or designee by 02/05/2020

What measures will be taken to ensure the problem does not recur:

- The community's Office Director or designee will send out a monthly email to all department managers with anniversary dates for their employees
- Department manager's will review training records and remind staff of any remaining dementia training required
- The staff member will then be required to complete dementia training
- The staff member will have to prove completion of all required training by presenting a certificate of completion and/or proof of attendance at a live session to their supervisor to receive their annual evaluation
- Staff will be taken off the schedule until required dementia training has been completed

- The community's Office Director or designee will send out a monthly training compliance report to the department managers for ongoing monitoring

How the Program plans to monitor performance to ensure compliance:

- The community's Office Director or designee will send out a monthly compliance report to the appropriate department managers to ensure staff are remaining compliant with their dementia training
- Regional Director of Operations or designee will audit 10% of employee files on a quarterly basis to ensure compliance is achieved at 100% for 12 consecutive months

The date by which the regulatory insufficiency will be corrected:

- This regulatory insufficiency will be corrected by 02/05/2020

Dementia Specific Education for Personnel – Tag ID A125

- The identified staff members that were out of compliance with their annual dementia training were assigned the appropriate 2 hour hands on dementia training to be compliant by 02/05/2020
- Dementia training records for all staff will be audited for compliance by the Office Director or designee by 02/05/2020

What measures will be taken to ensure the problem does not recur:

- The community's Office Director or designee will send out a monthly email to all department managers with anniversary dates for their employees
- Department managers will review training records and remind staff of any remaining hands on dementia training required
- The staff member will then be required to complete the two hour hands on dementia training
- The staff member will have to prove completion of all required training by presenting a certificate of completion and/or proof of attendance at a live session to their supervisor to receive their annual evaluation
- Staff will be taken off the schedule until required dementia training has been completed
- The community's Office Director or designee will send out a monthly hands on training compliance report to the department managers for ongoing monitoring

How the Program plans to monitor performance to ensure compliance:

- The community's Office Director or designee will send out a monthly compliance report to the appropriate department managers to ensure staff are remaining compliant with their dementia training
- Regional Director of Operations or designee will audit 10% of employee files on a quarterly basis to ensure compliance is achieved at 100% for 12 consecutive months

The date by which the regulatory insufficiency will be corrected:

- This regulatory insufficiency will be corrected by 02/05/2020.