STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0307	A. BUILDING: _____ B. WING _____	C 01/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING CREEK SENIOR LIVING MC	2607 NICKLAUS BLVD SIOUX CITY, IA 51106

(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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 8 Total Census of Assisted Living Program for People with Dementia: 9 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
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-specific education within 30 days of beginning employment for 2 of 3 staff reviewed (Staff B and C). Finding follows:	A 121	Plan of Correction is attached DO	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

Executive Director 1/29/2020

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
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A 121	Continued From page 1 Record review on 1/7/20 revealed the Program hired Staff B on 8/14/19. According to available documentation Staff B had not completed the required eight hours within 30 days of employment. Record review on 1/7/20 revealed the Program hired Staff B on 10/9/19. According to available documentation Staff C had not completed the required eight hours within 30 days of employment When interviewed on 1/7/20 the Assistant Director of Nursing admitted no documentation existed to confirm Staff B and C had completed the required training.	A 121		

2/4/20

Plan of Correction for Whispering Creek
In Response to
Whispering Creek Senior Living MC Recertification Visit
January 7th & 8th, 2020

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared is prepared and/or executed solely because it is required by the provisions of state law.

Regulatory Insufficiency: 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 hours of dementia -specific education and training within 30 days of either employment of the beginning date of the contract, as applicable.

1. **Elements detailing how the Program will correct each regulatory insufficiency.**
   a. **Re-education of dementia-specific training requirements with hiring managers.**

2. **What measures will be taken to ensure the problem does not occur.**
   a. **Addition of 8-hour training to our current New Team Member Orientation program.**
   b. **Monthly monitoring of new staff to ensure they have had their dementia-specific training within 30 days.**

3. **How the Program plans to monitor performance to ensure compliance.**
   a. **Monthly monitoring of new staff to ensure they have had their dementia-specific training within 30 days**
      i. **Monitoring will be done by our ADON and reported to the DON and ED during monthly Memory Care meetings.**

4. **The date by which the regulatory insufficiency will be corrected.**
   a. **February 19, 2020 all processes will be put into effect.**

Respectfully Submitted,

Jacqueline Kreber-Executive Director

2/4/20