5/18/20 OK 5/14/20

PRINTED: 05/11/2020
FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALP268 | A. BUILDING _____ B. WING _____ | 03/03/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BETHANY HEIGHTS | 11 ELLIOTT STREET CO BLUFFS, IA 51503 |

| (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<br><br>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.<br><br>General Population<br><br>Number of tenants without cognitive disorder: 42<br><br>Number of tenants with cognitive disorder: 16<br><br>TOTAL Census of Assisted Living Program for People with Dementia: 58<br><br>The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program. | A 000 | POC 4/5/20<br><br>In reference to regulation 481-69.30 the plan of correction is as follows:<br><br>1. Staff B completed 8.75 hours of dementia specific education on dates 3/12/2020 through 4/5/2020. See attached transcript.<br><br>2. Dementia specific education tracking will be completed by the department head or designated staff member on a quarterly basis. The tracking form will then be turned in to the housing director by the 10th of the scheduled month for review. Staff that have upcoming education due will be given reminders to complete the education or scheduled to completed it depending on how soon education completion is due. The 1st review will be completed and turned in to the housing director by June 10, 2020 for review. See attached tracking form. | |
| A 123 | 481-69.30(3)a Dementia Specific Education for Personnel<br><br>481-69.30(231C) Dementia-specific education for program personnel.<br>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 continuing education annually.<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review the Program failed to ensure staff received eight hours of dementia-specific training annually. This | A 123 | | |

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

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| A 123 | Continued From Page 1<br><br>affected 1 of 3 staff reviewed (Staff B). Findings follows:<br><br>Review of staff files on 3/3/20 revealed Staff B, a direct-contact staff, had not received eight hours of dementia-specific education annually. Further review revealed Staff B completed two hours of dementia training.<br><br>When interviewed on 3/3/20 the Director of Nursing confirmed the Program did not have documentation to confirm Staff B had received the needed eight hours of dementia-specific education. | A 123 | | |