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
	S0111	A. BUILDING: _____ B. WING _____	04/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWN DEER PLACE	1500 1ST AVE N CORALVILLE, IA 52241

(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: 1 Number of tenants with cognitive disorder: 13 TOTAL census of Assisted Living Program for People with Dementia: 14 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. No regulatory insufficiencies were cited during the onsite infection control survey completed 7-9-2020.	A 000		
A 380	481-67.9(6) Staffing 67.9(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 provide the required 2 hours of dependent adult abuse training within six months of hire as required. This pertained to 6 of 7 staff reviewed (Staff A, Staff B, Staff C, Staff D, Staff F, and Staff G). Findings follow: Record review of staff files on 3-29-21 revealed	A 380		

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A 380	Continued From page 1 the following: 1. Staff A was hired 3-16-2020. Two hours of dependent adult abuse was completed on 10-5-2020. 2. Staff B was hired 5-11-2020. No dependent adult abuse training could be located. 3. Staff C was hired 3-28-2020. No dependent adult abuse training could be located. 4. Staff D was hired 8-8-2020. No dependent adult abuse training could be located. 5. Staff F was hired 9-5-19. No dependent adult abuse training could be located. 6. Staff G was hired 8-5-2020. Two hours of dependent adult abuse was completed on 3-29-21. The Quality Clinical Manager confirmed these findings on 3-30-21 at 10:12 a.m.	A 380		
A 400	481-67.19(3) 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 the	A 400		

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A 400	Continued From page 2 Program failed to complete criminal, child, and dependent adult abuse background checks prior to employment for 1 of 7 staff reviewed (Staff A). Findings follow: 1. Review of Staff A's file on 3-29-21 revealed a hire date of 3-16-2020. A Single Contact License and Background Check could not be located. The Clinical Quality Manager confirmed these findings on 3-30-21 at 10:12 a.m.	A 400		
A 415	481-67.19(3)c Record Checks 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to submit an evaluation to the Department of Human Services (DHS) for 2 of 7 staff reviewed with a criminal history (Staff D and Staff G). Findings follow: 1. Review of Staff D's file on 3-29-21 revealed a hire date of 8-8-2020. A Single Contact License and Background Check completed 7-24-19 revealed a criminal history. No evaluation from DHS could be located.	A 415		

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A 415	Continued From page 3 2. Review of STaff G's file on 3-29-21 revealed a hire date of 8-5-2020. A Single Contact License and Background Check completed 8-4-2020 revealed a criminal history. No evaluation from DHS could be located. The Clinical Quality Manager confirmed these findings on 3-30-21 at 10:12 a.m.	A 415		
A 545	481-69.30(1) Dementia Specific Education for 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 provide eight hours of dementia training within 30 days of employment. This pertained to 6 of 7 staff reviewed (Staff A, Staff B, Staff D, Staff E, Staff F, and Staff G). Findings follow: Record review of staff files on 3-29-21 revealed the following: 1. Staff A was hired 3-16-2020. Six hours of dementia training was completed on 3-25-2020. No further dementia training within 30 days of employment could be located. 2. Staff B was hired 5-11-2020. Six hours of dementia training was completed on 7-30-2020.	A 545		

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A 545	Continued From page 4 No further dementia training within 30 days of employment could be located. 3. Staff D was hired 8-8-2020. Six hours of dementia training was completed on 9-18-2020. No further dementia training within 30 days of employment could be located. 4. Staff E was hired 7-9-18. Six hours of dementia training was completed on 7-25-18. No further dementia training within 30 days of employment could be located. 5. Staff F was hired 9-5-19. Six hours of dementia training was completed on 9-19-19. No further dementia training within 30 days of employment could be located. 6. Staff G was hired 8-5-2020. Six hours of dementia training was completed on 9-4-2020. No further dementia training within 30 days of employment could be located. The Quality Clinical Manager confirmed these findings on 3-30-21 at 10:12 a.m.	A 545		
A 556	481-69.30(3)b Dementia-Specific Education for Personnel 69.30(3) Dementia-specific continuing education b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced	A 556		

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A 556	Continued From page 5 by: Based on interview and record review the Program failed to provide eight hours of dementia training annually. This pertained to 2 of 7 staff reviewed (Staff E and Staff F). Findings follow: Record review of staff files on 3-29-21 revealed the following: 1. Staff E was hired 7-9-18. Documented completion of eight hours of annual dementia training could be located for the past year. 2. Staff F was hired 9-5-19. Documented completion of eight hours of annual dementia training could be located for the past year. The Quality Clinical Manager confirmed these findings on 3-30-21 at 10:12 a.m.	A 556		
A 565	481-69.30(5) Dementia Specific Education for 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 Program failed to provide two hours of hands-on dementia training for 6 of 7 staff reviewed (Staff A, Staff B, Staff D, Staff E, Staff F, and Staff G). Findings follow: Record review of staff files on 3-29-21 revealed the following:	A 565		

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A 565	Continued From page 6 1. Staff A was hired 3-16-2020. Six hours of dementia training was completed on 3-25-2020 and failed to include two hours of hands-on dementia training. 2. Staff B was hired 5-11-2020. Six hours of dementia training was completed on 7-30-2020 and failed to include two hours of hands-on dementia training. 3. Staff D was hired 8-8-2020. Six hours of dementia training was completed on 9-18-2020 and failed to include two hours of hands-on dementia training. 4. Staff E was hired 7-9-18. Six hours of dementia training was completed on 7-25-18 and failed to include two hours of hands-on dementia training. 5. Staff F was hired 9-5-19. Six hours of dementia training was completed on 9-19-19 and failed to include two hours of hands-on dementia training. 6. Staff G was hired 8-5-2020. Six hours of dementia training was completed on 9-4-2020 and failed to include two hours of hands-on dementia training. The Quality Clinical Manager confirmed these findings on 3-30-21 at 10:12 a.m.	A 565		