STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0112	A. BUILDING: _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF GRUNDY CENTER	95 D AVENUE GRUNDY CENTER, IA 50638

(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 impairment: 21 Number of tenants with cognitive impairment: 9 Total census: 30 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program. No regulatory insufficiencies were cited during the investigation of Incident #111971-I and Complaint #114265-C.	A 000	See Attached POC 12/1/23	
A 345	481-67.9(4)b 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program's Registered Nurse (RN) failed to provide training within 30 days of hire to ensure staff were competent to meet the needs of the	A 345		

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 345	Continued From page 1 tenants. This pertained to 3 of 4 caregiver staff reviewed (Staff B, Staff C, and Staff F). Findings follow: Record review of staff files on 8/16/23 revealed the following: 1. Staff B was hired 7/31/22 and no training from the RN within 30 days of employment could be located. 2. Staff C was hired 4/29/22 and no training from the RN within 30 days of employment could be located. 3. Staff F was hired 1/25/22 and no training from the RN within 30 days of employment could be located. The Registered Nurse confirmed these findings on 8/17/23 at 9:34 a.m.	A 345		
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 2 hours of dependent adult abuse training within 6 months of employment. This pertained to 3 of 7 staff reviewed (Staff A, Staff B, and Staff C). Findings follow:	A 380		

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A 380	Continued From page 2 Chapter 235B.16 requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter. Record review of staff files on 8/16/23 revealed the following: 1. Staff A was hired 2/8/23 No dependent adult abuse training completed within 6 months of employment could be located. 2. Staff B was hired 7/31/22. No dependent adult abuse training completed within 6 months of employment could be located. 3. Staff C was hired 4/29/22. No dependent adult abuse training completed within 6 months of employment could be located. The Director confirmed these findings on 8/17/23 at 9:34 a.m.	A 380		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A	A 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ARLINGTON PLACE OF GRUNDY CENTER	95 D AVENUE GRUNDY CENTER, IA 50638

(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 145	Continued From page 3 licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as needed for 1 of 1 tenants reviewed with a significant change in health status (Tenant #1). Findings follow: Record review on 8/17/23 of Tenant #1's file revealed the following: Comprehensive Assessment and Service Plan dated 9/15/22 indicated she used a walker and required one person to assist with transfers. Progress Notes dated 3/13/23 documented she no longer ambulated and was wheelchair bound and at times required the assistance of 2 people for transfers. Progress Notes dated 6/13/23 revealed she required the assistance of 2 staff for transfers. No functional, cognitive, and health assessments could be located for these changes in health status. On 8/17/23 at 9:44 a.m. the Registered Nurse confirmed these findings.	A 145		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0112	A. BUILDING: _____ B. WING _____	C 08/17/2023

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A 350	Continued From page 4 each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans based on the required evaluations. This pertained to 1 of 1 tenants reviewed with a significant change in health status (Tenant #1). Findings follow: Record review on 8/17/23 of Tenant #1's file revealed the following: Comprehensive Assessment dated 9/15/22 indicated she used a walker and required one person to assist with transfers. Progress Notes dated 3/13/23 documented she no longer ambulated and was wheelchair bound and at times required the assistance of 2 people for transfers. Progress Notes dated 6/13/23 revealed she required the assistance of 2 staff for transfers. Service Plan dated 9/15/22 indicated she used a walker and required 1 person for transfers. No functional, cognitive, and health assessments could be located for these changes in health status. The service plan failed to be based on the required assessments.	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0112	A. BUILDING: _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF GRUNDY CENTER	95 D AVENUE GRUNDY CENTER, IA 50638

(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 350	Continued From page 5 On 8/17/23 at 9:44 a.m. the Registered Nurse confirmed these findings.	A 350		
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 8 hours of dementia specific training within 30 days of employment. This pertained to 4 of 7 staff reviewed (Staff B, Staff D, Staff E, and Staff F). Findings follow: Record review of staff files on 8/16/23 revealed the following: 1. Staff B was hired 7/31/22 and completed 3 hours of dementia training in the first 30 days of employment. 2. Staff D was hired 5/18/23 and no dementia training completed in the first 30 days of employment could be located. 3. Staff E was hired 4/9/23 and completed 2.25 hours of dementia training in the first 30 days of employment. 4. Staff F was hired 1/25/22 and completed 5.5	A 545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0112	A. BUILDING: _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF GRUNDY CENTER	95 D AVENUE GRUNDY CENTER, IA 50638

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A 545	Continued From page 6 hours of dementia training in the first 30 days of employment. The Registered Nurse confirmed these findings on 8/17/23 at 9:34 a.m.	A 545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER INDENTIFICATION NUMBER: S0112	DATE SURVEY COMPLETED: 8/17/2023			

ARLINGTON PLACE OF GRUNDY CENTER 95 D AVENUE
GRUNDY CENTER, IA 50638

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	Tag# 1	**Regulation and Reg Number**	Tag # A345	**What initial correction was made?**	**How will we ensure and maintain compliance going forward?**
					481-67.9(4)b 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: b.Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurses(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program's Registered Nurse (RN) failed to provide training within 30 days of hire to ensure staff were competent to meet the needs of the tenants. This pertained to 3 of 4 caregiver staff reviewed (Staff B, Staff, C, and Staff F). Findings follow:		All new hires will be delegated within the first 30 days of employment. Staff B initial hire date 7/31/22. Transitioned to Resident Assistant 5/1/23. Delegated 7/3/23. Redelegated 11/7/23. Staff C initial hire date 4/29/22 Delegated 6/28/22 Redelegated 11/8/22. Redelegated 11/7/23. Staff F – no longer employed as of 8/21/23.	The community will utilize the orientation checklist to ensure that all new hires are delegated within their first 30 days of employment.

					Record review of staff files on 8/16/23 revealed the following: 1. Staff B was hired 7/31/22 and no training from the RN within 30 days of employment could be located. 2. Staff c was hired 4/29/22 and no training from the RN within 30 days of employment could be located. 3. Staff F was hired 1/25/22 and no training from the RN within 30 days of employment could be located. The Registered Nurse confirmed these findings on 8/17/23 at 9:34 a.m.			
Tag# 1	**Regulation and Reg Number** 481-67.9(4)b 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: b.Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurses(s).	Tag # A345	**What initial correction was made?** All new hires will be delegated within the first 30 days of employment. Staff B initial hire date 7/31/22.	**How will we ensure and maintain compliance going forward?** The community will utilize the orientation checklist to ensure that all new hires are delegated within their first 30 days of employment.	Implementation Date: 8/17/2023 Completion Date: Ongoing Responsible Party: RN or designee			

	This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program's Registered Nurse (RN) failed to provide training within 30 days of hire to ensure staff were competent to meet the needs of the tenants. Tis pertained to 3 of 4 caregiver staff reviewed (Staff B, Staff, C, and Staff F). Findings follow: Record review of staff files on 8/16/23 revealed the following: 4. Staff B was hired 7/31/22 and no training from the RN within 30 days of employment could be located. 5. Staff c was hired 4/29/22 and no training from the RN within 30 days of employment could be located. 6. Staff F was hired 1/25/22 and no training from the RN within 30 days of employment could be located. The Registered Nurse confirmed these findings on 8/17/23 at 9:34 a.m.		Transitioned to Resident Assistant 5/1/23. Delegated 7/3/23. Redelegated 11/7/23. Staff C initial hire date 4/29/22. Delegated 6/28/22. Redelegated 11/8/22. Redelegated 11/7/23. Staff F – no longer employed as of 8/21/23.					
Tag A380	**Regulation and Reg Number** 481-67.9(6) Staffing 67.9 (6) Dependent Adult Abuse training.	Tag A380	What initial correction was made?	How will we ensure and maintain compliance going forward? All employees will complete Dependent	Implementation Date: 8/17/2023 Completion Date: Ongoing		All new hires will complete Dependent Adult Abuse training within 6 months of hire and renew within 3 years of initial certification.	

	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 2 hours of dependent adult abuse training within 6 months of employment. This pertained to 3 of 7 staff reviewed (Staff A, Staff B, Staff C). Findings follow: Chapter 235B. 16 requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial		RT and KI are no longer employed with the community. RT as of 8/21/2023, KI as of 8/29/2023 Staff A – No longer employed as of 8/29/23 Staff B Staff C	Adult Abuse training upon hire. The orientation checklist will be utilized for all new hires to ensure training is completed.	Responsible Party: Director or designee		Staff A no longer employed as of 8/29/23. Staff B initial hire date 7/31/22. Training completed on 08/15/2023 Staff C initial hire date 4/29/22 Certification expired 04/16/2023. Renewed on 08/16/2023. Staff F – no longer employed as of 8/21/23.	

	employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter. Record review of staff files on 8/16/23 revealed the following: 1. Staff A was hired 2/8/23 No dependent adult abuse training completed within 6 months of employment could be located. 2. Staff B was hired 7/31/22. No dependent adult abuse training completed within 6 months of employment							

	could be located. 3. Staff C was hired 4/29/22. No dependent adult abuse training completed within 6 months of employment could be located. The Director confirmed these findings on 8/17/23 at 9:34 a.m.							
Tag A145	**Regulation and Reg Number** 481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the	Tag A145	What initial correction was made? Tenant #1-COC assessment completed on 8/22/23.	How will we ensure and maintain compliance going forward? The Director and Nurse will meet weekly, monthly, as needed, as determined by the Director or designee, to ensure that all COC assessments are completed in a timely manner.	Implementation Date: 8/17/2023 Completion Date: Ongoing Responsible Party: Director or Designee			

	tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as needed for 1 of 1 tenants reviewed with a significant change in							

	health status (Tenant #1) Findings follow: Record reviewed on 8/17/23 of Tenant #1's file revealed the following: Comprehensive Assessment and Service Plan dated 9/15/22 indicated she used a walker and required one person to assist with transfers. Progress Notes dated 3/13/23 documented she no longer ambulated and was wheelchair bound and at times required the assistance of 2 people for transfers. Progress Notes dated 6/13/23 revealed she required the assistance of 2 staff for transfer. No functional, cognitive, and health assessments							

	could be located for these changes in health status. On 8/17/23 at 9:44 a.m. the Registered Nurse confirmed these findings.							
Tag A350	**Regulation and Reg Number** 481-69.26(1) 481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by:	Tag A350	What initial correction was made? Tenant #1- The service plan was updated on 8/22/2023.	How will we ensure and maintain compliance going forward? The Director and Nurse will meet weekly and as needed, as determined by the Director or designee, to ensure that all service plan updates are completed in a timely manner.	Implementation Date: 8/17/2023 Completion Date: Ongoing Responsible Party: Director or designee			New Program integrates assessments with service plan to ensure service plan updated with COC assessment.

	Based on interview and record review the Program failed to update service plans based on the required evaluations. This pertained to 1 of 1 tenants reviewed with a significant change in health status (Tenant #1). Findings follow: Record review on 8/17/23 of Tenant #1's file revealed the following: Comprehensive Assessment dated 9/15/22 indicated she used a walker and required one person to assist with transfers. Progress Notes dated 3/13/23 documented she no longer ambulated and was wheelchair bound and at times required the assistance of 2 people for transfers.							

	Progress Notes dated 6/13/23 revealed she required the assistance of 2 staff for transfers. Service Plan dated 9/15/22 indicated she used a walker and required 1 person for transfers. No functional, cognitive, and health assessments could be located for these changes in health status. The service plan failed to be based on the required assessments. On 8/17/23 at 9:44 a.m. the Registered Nurse confirmed these findings.							
Tag A545	**Regulation and Reg Number** 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	Tag # A545	What initial correction was made? Staff B completed	How will we ensure and maintain compliance going forward? All employees will complete 8 hours of Dementia training upon hire and annually.	Implementation Date: 8/17/2023 Completion Date: Ongoing Responsible Party: Director or designee			

	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 8 hours of dementia specific training within 30 days of employment. This pertained to 4 of 7 staff reviewed (Staff B, Staff D, Staff E, and Staff F). Findings follow: Record review of staff files on 8/16/23 revealed the following: 1. Staff B was hired 7/31/22 and completed 3 hours of dementia training in the first 30 days of employment. 2. Staff D was hired 5/18/23 and no dementia training completed in the first 30 days of employment could be located. 3. Staff E was hired 4/9/23 and completed 2.25 hours of dementia training in the first 30 days of employment. 4. Staff F was hired 1/25/22 and completed 5.5 hours of dementia training in the first 30 days of employment.		Dementia training on Staff D completed Dementia training on 8/23/2023. Staff E no longer employed as of 9/1.23. Staff F – no longer employed as of 8/21/23.	The orientation checklist will be utilized for all new hires to ensure training is completed.				

	The Registered Nurse confirmed these findings on 8/17/23 at 9:34 a.m.							

Compliance Date:___12/1/23__Holly Smith_____