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
	S0052	A. BUILDING: _____ B. WING _____	08/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAREMONT'S RAMSEY VILLAGE	1611 27TH ST DES MOINES, IA 50310

(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: 6 Number of tenants with cognitive disorder: 3 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 for People with Dementia.	A 000		09/02/22
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to develop an initial service plan prior to signing the occupancy agreement for 1 of 1 tenants reviewed admitted within the past three months (Tenant #2). Findings follow:	A 355	The Plan of Correction is attached.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Laura Cozs — TITLE: Executive Director — (X6) DATE: 09/02/22

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A 355	Continued From page 1 Record review on 8/4/22 revealed Tenant #2 moved into the program on 5/21/22. Tenant #2's legal representative signed the program's occupancy agreement on 5/21/22. The program created a service plan for Tenant #2 on 5/22/22, but it was not signed by Tenant #2 or his legal representative. The Administrator and Director of Nursing confirmed this finding on 8/4/22 at 9:55 AM.	A 355		
A 465	481-69.28(5) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide an orientation on sanitation and safe food handling to 2 of 2 staff reviewed hired since 10/2021 (Staff A and Staff D). Findings follow: A review of personnel files on 8/3/22 revealed Staff A was hired on 10/25/21. Staff A did not receive an orientation on sanitation and safe food handling prior to serving tenants' meals. Staff D was hired on 6/28/22. Staff D did not receive an orientation on sanitation and safe food handling prior to serving tenants' meals.	A 465		

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A 465	Continued From page 2 The Administrator and Director of Nursing confirmed these findings on 8/4/22 at 9:55 AM.	A 465		
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 by: Based on interview and record review, the program failed to provide 8 hours of annual demential specific training to 2 of 2 employees reviewed who have worked at the program over three years (Staff B and Staff C). Findings follow: A review of personnel files on 8/3/22 revealed Staff B received 4.0 hours of dementia training in 2020 and no training in 2021. Staff D received 7.5 hours of training in 2020 and 7.0 hours of training in 2021. The Administrator and Director of Nursing confirmed these findings on 8/4/22 at 2:35 PM.	A 556		

A355 Ramsey Village develops a preliminary service plan prior to the tenant signing the occupancy agreement.

The current RN Manager was educated regarding the requirement to complete a preliminary service plan for a tenant prior to the resident signing the occupancy agreement.

The Executive Director or designee will verify compliance by review of the service plan prior to the tenant prior to them signing the agreement.

Any concerns noted will be taken through the quarterly quality assurance process.

A485 Ramsey Village provides personnel with food safety and sanitation orientation prior to handling food.

Staff A and D completed food safety and sanitation training.

An audit was conducted and other employees in the assisted living facility completed food safety and sanitation training.

The Assistant Administrator was educated regarding the requirement for completion of food safety and sanitation training prior to handling food.

The Executive Director or designee will verify compliance through the review of new hire orientation training prior to them handling food.

Any concerns noted will be taken through the quarterly quality assurance process.

A556 Ramsey Village employees receive at least 8 hours dementia-specific training annually.

Staff B, D and other employees of the assisted living facility have completed the required dementia training.

The Assistant Administrator and RN Manager were educated regarding the requirement for 8 hours of dementia-specific training annually.

The Executive Director or designee will verify compliance through monthly review of the employee training records.

Any concerns noted will be taken through the quarterly quality assurance process.

Ok 9/6/22