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
	S0061	A. BUILDING: _____ B. WING _____	06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER PLACE AL	415 E PIONEER RD LONE TREE, IA 52755

(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 visit. Number of tenants without cognitive impairment: 5 Number of tenants with cognitive impairment: 7 Total census:12 The following regulatory insufficiencies were cited during recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
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 facility failed to ensure Registered Nurse (RN) delegation training within 30 days of employment for all staff who provided direct tenant care. This affected 1 of 3 staff reviewed who provided tenant cares (Staff B). Finding follows: On 6/13/23 record review revealed Staff B's start date of 4/20/22. Review of Staff B's training record revealed the only RN delegation training	A 345	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 345	Continued From page 1 completed in 2022 was for incontinence care and gait belt competency, signed 10/11/22, and for application of ointments/creams, signed 10/13/22. Additional RN delegation was dated 1/17/23. On 6/14/23 at 11:00 a.m., the administrator said Staff B initially started her employment at the agency by working in the long term care unit. Staff B transferred to the Assisted Living Program around mid-October 2022. However, Staff B still did not complete thorough RN delegation training within 30 days of transferring to the Assisted Living Program. On 6/14/23 at 12:15 a.m. the administrator acknowledged Staff B had not completed the required RN delegation training within 30 days of transferring to the Assisted Living Program.	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 ensure all staff received Dependent Adult Abuse Mandatory Reporter training within six months of employment as required by Iowa Code section 235B.16. This affected 3 of 5 staff reviewed (Staff A, Staff B and Staff C). Finding follows: On 6/13/23 record review revealed Staff A's hire date of 3/10/21. Staff A's Dependent Adult Abuse	A 380		

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A 380	Continued From page 2 Mandatory Reporter Training certificate was dated 3/18/23. The facility was unable to locate other documentation of this training for Staff A. Staff B's hire date was 4/20/22. Staff B's Dependent Adult Abuse Mandatory Reporter Training certificate was dated 3/16/23. The facility was unable to locate other documentation of this training for Staff C. Staff C's hire date was 7/08/22. Staff C's Dependent Adult Abuse Mandatory Reporter Training certificate was dated 3/05/23. The facility was unable to locate other documentation of this training for Staff C. On 6/14/23 at 12:15 p.m. the Administrator confirmed the three identified staff had not received the required Dependent Adult Abuse training within six months of employment.	A 380		
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 all staff with at least 8 hours of dementia training within 30 days of employment. This affected 3 of 5 staff reviewed (Staff A, Staff B and Staff C). Finding follows:	A 545		

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A 545	Continued From page 3 On 6/13/23 record review revealed Staff A's hire date of 3/10/21. Her training record revealed no training regarding dementia until September 2021, when she completed five hours of dementia training. Additional dementia training was completed in 2022 and 2023. Staff B's hire date was 4/20/22. Her training record revealed no training regarding dementia in 2022. Staff B received dementia training in March, April and May of 2023. Staff C's hire date was 7/08/22. His training record revealed one hour of dementia training on 8/19/22 and one hour on 9/30/22, with no further training regarding dementia until 2023. On 6/14/23 at 11:00 a.m., the administrator said Staff B initially started her employment at the agency by working in the long term care unit. Staff B transferred to the Assisted Living Program around mid-October 2022. However, Staff B did not complete the 8 hours of dementia training within 30 days of transferring to the Assisted Living Program. On 6/14/23 at 12:15 p.m. the administrator confirmed the facility had not ensured training regarding dementia for the three staff listed.	A 545		

Pioneer Place PoC

June 14th 2023

KXXX	Deficiency	Explain specifically how deficiency was corrected and who corrected it	Explain specifically what measures were put in place to ensure deficiency does not happen again and how you'll identify other residents having the potential to be affected by the same deficient practice.	Explain how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
A345	On review staff had intial start date of 4/20/2022. Records revealed only RN delegations were for incontinece care and gait belt competency date 10/11/2022, and application of creams and ointments dated 10/13/2022, thorough RN delegation training not completed within 30 days of hire to the program	Administrator and Delegating RN to reassess the delegation process to include more cares and tasks needed to properly preform job in ALP.	RN Coordinator and Administrator will reassess the delegation process to ensure all new employees are delegated within 30 days of hire and to ensure adequate delegations are being preformed.	QA- RN delegations done within 30 days of hire and will include food safety and sanatation as well as adequate amount of cares and tasks to ensure new hire has skills and education to properly prefom tasks in ALP. Monthly audit by adminitrator to ensure RN delegations are being complete by delegating RN.
A380	Based on record review the ALP failed to ensure all staff received Dependent Adult Abuse Mandatory Reporter Training within 6 months of hire. This affected 3 or 5 staff sampled.	New Administrator audited all current employee files to ensure all Dependant Adult Mandatory Reporter training was up to date. Any empolyee that did not have it completed was made to complete it prior to being allowed to work on the floor again.	Administrator and BOM will ensure all staff have Dependant Adult Mandatory Reporter training in the hiring process and will not be able to start on the floor until it is completed.	QA- All new hire employees will complete Dependant Adult Mandatory Reporter Training prior to training on the floor. Audit of current employees done and all emloyees up to date on Mandatory Reporter by July 31,2023
A545	Based on record review the ALP failed to provide all staff with 8 hours of dementia training within 30 days of hire this affected 3 of 5 staff sampled.	New Administrator audited all current employee training to ensure training is up to date. Any empolyee that did not havedementia training completed was made to complete it prior to being allowed to work on the floor again.	Administrator to ensure all new hires will complete 8 hours of dementia training prior to training on the floor on dementia ALP.	QA- All new hire employees will complete 8 hours of dementia training prior to trianing on floor in dementia ALP to ensure compliance. Quarterly audit of employee education will be done by administration to ensure that all education is completed in accordance with state regulations for ALFP.
				ok
