PRINTED: 08/16/2024
FORM APPROVED

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
	S0041	A. BUILDING: _____ B. WING _____	C 06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF AMES MEMORY	1325 COCONINO RD, STE 300 AMES, IA 50014

(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 impairment: 50 Number of tenants with cognitive impairment: 15 Total census: 65 No regulatory insufficiencies were cited during the investigation of Complaint #115541-C and Complaint #116990-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
A 340	481-67.9(4)a 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: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced	A 340	Wellness Administrator has completed nurse delegation for all wellness/care staff on the provision of activities of daily living and instrumental activities of daily living. Wellness Administrator will complete nurse delegation for new hires within 30 days of hire. Wellness Team Supervisor will maintain Education Checklist to ensure emplyee files have been completed.	9/15/24

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A 340	Continued From page 1 by: Based on interview and record review, the Program's Registered Nurse (RN) failed to document an assessment ensuring 3 of 3 staff reviewed were competent in assigned tasks and job duties within the first 60 days of her employment (Staff F, Staff H, and Staff I). Findings include: 1. On 6/4/24, a review of administration and staff hire dates revealed the Program's RN, the Wellness Administrator, was hired on 9/16/22. 2. On 6/4/24 at 2:41 pm, Staff H stated she was not delegated on personal care tasks by the current RN/Wellness Administrator. On 6/4/24 at 2:52 pm, Staff I stated she was not assessed on personal care tasks by the current RN/Wellness Administrator. 3. On 6/5/24, the following was found during a review of personnel files: a.) Staff F's personnel file revealed a hire date of 8/7/19. Staff F had no RN documentation on file that ensured she was competent in all assigned care tasks and job duties. b.) Staff H's personnel file revealed a hire date of 5/4/22. Staff H had no RN documentation on file that ensured she was competent in all assigned care tasks and job duties. c.) Staff I's personnel file revealed a hire date of 8/13/21. Staff I had no RN documentation on file that ensured she was competent in all assigned care tasks and job duties. 4. On 6/6/24 at 8:30 am, the Wellness Administrator and the Wellness Team Supervisor confirmed staff hired prior to the Wellness Administrator's hire date were not reviewed within 60 days of her employment.	A 340		

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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 ensure 8 hours of dementia training was completed within 30 days of employment for 1 of 1 staff reviewed hired within the past year (Staff C). Findings include: 1. On 6/4/24 at 12:37 pm, Staff C stated she was not sure if she had received 8 hours of dementia-specific training within 30 days of her employment. 2. On 6/5/24, a review of Staff C's personnel file revealed a hire date of 8/14/23. Staff C had 3 hours of dementia-specific training within 30 days of her employment. 3. On 6/6/24 at 8:30 am, the Wellness Administrator and the Wellness Team Supervisor confirmed the above finding.	A 545	All new hires will receive 8 hours of dementia-specific education within 30 days of employment. All new hires have been assigned this education through Relias. The Wellness Team Supervisor and/or Wellness Administrator will monitor completion of the required education for all new hires. 9/15/24	
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	A 556		

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A 556	Continued From page 3 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 ensure 2 out of 2 staff reviewed employed longer than a year had at least 8 hours of dementia-specific training annually (Staff H and Staff I). Findings include: 1. On 6/4/24 at 2:41 pm, Staff H stated she believed she had received a 4 hour dementia-specific training in the past year. On 6/4/24 at 2:52 pm, Staff I stated she believed she had some dementia-specific training but was unsure if she had completed 8 hours of education. 2. On 6/5/24, the following was found during a review of personnel files: a.) Staff H's personnel file revealed a hire date of 5/4/22. Staff H had 4 hours of dementia-specific training for 2023. b.) Staff I's personnel file revealed a hire date of 8/13/21. Staff I had 3.25 hours of dementia-specific training for 2023. 3. On 6/6/24 at 8:30 am, the Wellness Administrator and the Wellness Team Supervisor confirmed staff reviewed had not received 8 hours of dementia-specific training annually.	A 556	All employees have been assigned 8 hours of dementia specific continuing education through our Relias system. These courses are due monthly throughout the year to ensure compliance with the required courses. The Wellness Team Supervisor and or Wellness Administrator will monitor to ensure compliance.	9/15/24
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure	A 635		

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A 635	Continued From page 4 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the Program failed to have a working alarm on 1 of 3 exits doors in the memory care wing which potentially could have affected all 16 tenants residing in that wing. Findings include: 1. On 6/4/24 at 12:15 pm the memory care courtyard door was observed to have a badge swipe exit pass but had no working alarm. At the time of the observation, the Wellness Team Supervisor confirmed the door had no working alarm. 2. On 6/4/24 at 1:10 pm, the Maintenance Director confirmed a working alarm was placed on the memory care unit courtyard door and demonstrated the alarm. 3. On 6/4/24 at 12:20 pm, the Wellness Administrator stated the Program had no alarm on the courtyard door because they believed the staff badge swipe pass would be appropriate alone. The Wellness Administrator confirmed the above finding.	A 635	A working alarm was placed on the memory care unit courtyard door. 6/4/24	