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
	S0200	A. BUILDING: _____ B. WING _____	C 03/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISEN SON CHRISTIAN VILLAGE ALP/D	3000 RISEN SON BOULEVARD CO BLUFFS, IA 51503

(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: 0 Number of tenants with cognitive disorder: 21 Total Population of Program at time of on-site: 21 There were no regulatory insufficiencies cited during the investigation of Incident 95333-I or the onsite infection control survey. The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000	✓ 6/4/21	
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure an evaluation was completed by the Department of Human Services (DHS) for 1 of 1 staff reviewed with a criminal history (Staff F). Findings include: On 3/16/21 personnel record review revealed Staff F was hired by the agency on 9/28/20. Staff F initially worked in the agency's long term care	A 435	Plan of Correction is attached DJ	

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

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A 435	Continued From page 1 facility, but transferred to the ALP/D program on 1/31/21. Background checks completed on 9/24/20 revealed a criminal history. An evaluation performed by DHS to determine of the individual was eligible to work for the agency could not be located. On 3/17/21 at 11:38 a.m. the Human Resources Director confirmed this finding.	A 435		
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 2 of 3 staff reviewed (Staff E, Staff F). Findings include: On 3/16/21 personnel record review revealed Staff E was hired on 11/24/20. Training records revealed the staff completed 4 hours of dementia training within the first 30 days of employment. On 3/16/21 personnel record review revealed Staff F had transferred to the ALP/D Program from the agency's long term facility on 1/31/21.	A 545		

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A 545	Continued From page 2 Training records revealed Staff F had not completed any dementia training within the first 30 days of employment in the Program. On 3/16/21 at 5:02 p.m. the Human Resources Director confirmed these findings.	A 545		

A435 Records Checks

Human Resources Representative corrected the deficiency on 3/23/21. Future requests will be sent to DHS Department for all approvals. One new employee chart will be audited quarterly in order to maintain compliance with this regulation.

A545 Dementia Specific Education for Personnel

Human Resources Representative corrected the deficiency for Staff E and Staff F on 5/27/21. Future hires will be provided 8 hours of Dementia Training within 30 days of employment. One new employee chart will be audited quarterly in order to maintain compliance with this regulation.

The Administrator, Human Resources will perform the audits quarterly.

6/14/21

6/10/21