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
	S0248	A. BUILDING: _____ B. WING _____	11/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT POINTE SENIOR LIVING COMMUNITY	3505 ENGLISH GLEN AVENUE MARION, IA 52302

(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 disorder: 1 Number of tenants with cognitive disorder: 11 Total census: 12 No regulatory insufficiencies were cited during the infection control survey. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete criminal, child, and dependent adult abuse background checks prior to employment for 2 of 6 staff reviewed (Staff C and Staff E). Findings follow: Review of staff files on 11-16-21 revealed the following:	A 400	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 400	Continued From page 1 1. Staff C was hired 6-2-21. A Single Contact License and Background Check was not completed until 9-18-21. 2. Staff E was hired 9-21-21. A Single Contact License and Background Check was not completed until 11-16-21. The results showed a possible criminal history that required further research. The Executive Director confirmed these findings on 11-16-21 at 1:22 p.m.	A 400		
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 annual in-service training on food protection for 3 of 6 staff reviewed (Staff A, Staff B, and Staff D). Findings follow: Record review of staff files on 11-16-21 revealed the following: 1. Staff A was hired 5-12-2020 and completed a training on safe food handling on 5-13-2020. No annual training on food protection could be located.	A 465		

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A 465	Continued From page 2 2. Staff B was hired 7-7-2020 and completed a training on safe food handling on 7-8-2020. No annual training on food protection could be located. 3. Staff D was hired 4-20-2020 and completed a training on safe food handling on 4-20-2020. No annual training on food protection could be located. The Executive Director confirmed these findings on 11-16-21 at 1:22 p.m.	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 dementia training annually for 3 of 6 staff reviewed (Staff A, Staff B, and Staff D). Findings follow: Record review of staff files on 11-16-21 revealed the following: 1. Staff A was hired 5-12-2020. Review of continuing education certificates revealed she completed only 5 hours of annual dementia	A 556		

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A 556	Continued From page 3 training. 2. Staff B was hired 7-7-2020. Review of continuing education certificates revealed he completed only 2 hours of annual dementia training. 3. Staff D was hired 4-20-2020. Eight hours of dementia training in the past twelve months could not be located. The Executive Director confirmed these findings on 11-16-21 at 1:22 p.m.	A 556		
A 565	481-69.30(5) Dementia Specific Education for Personnel 69.30(5) Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide 2 hours of annual hands-on training for 3 of 6 staff reviewed (Staff A, Staff B, and Staff D). Findings follow: Record review of staff files on 11-16-21 revealed the following: 1. Staff A was hired 5-12-2020. Two hours of annual hands-on training could not be located. 2. Staff B was hired 7-7-2020. Two hours of annual hands-on training could not be located.	A 565		

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A 565	Continued From page 4 3. Staff D was hired 4-20-2020. Two hours of annual hands-on training could not be located. The Executive Director confirmed these findings on 11-16-21 at 1:22 p.m.	A 565		

January 6, 2022

Catie Campbell /Deb Dixon
State of Iowa-Health Facilities Division

Dear Ms. Dixon,

On behalf of Summit Pointe Assisted Living, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated 01/06/2022. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Background Checks

RI: Completion of criminal, child, and dependent adult abuse backgrounds prior to employment

1. Elements detailing how the Program will correct each regulatory insufficiency
    a. All current employee backgrounds are completed and follow guidelines requiring the background to be done no more than 30 days before hire date.
    b. All backgrounds with further research have followed the States guidelines for DHS approval.
    c. All current employees meet the requirement as outlined by the State of Iowa.
2. Measures taken to ensure the problem does not recur
    a. All new hires will follow a new hire checklist that will be completed by onsite Human Resources trained on the expectations as outlined by Iowa Administrative code.
3. How the Program plans to monitor performance to ensure compliance
    a. New hire packets will be audited prior to a new employee start date to ensure compliance
    b. Ongoing internal audits of employee files will be completed.
4. The date by which the regulatory insufficiency will be corrected
    a. The regulatory insufficiency will be corrected by November 20th, 2021

Employee Training

RI: Employee annual training for safe food handling was not present

1. Elements detailing how the Program will correct each regulatory insufficiency
    a. All current employees who are reaching their year will have their food safety training completed by January 31, 2022.
2. Measures taken to ensure the problem does not recur

    a. Training is being recorded and tracked by employee set to ensure the employee has 60-days before the due date to complete the required training.
3. How the Program plans to monitor performance to ensure compliance
    a. Training will be reviewed weekly to ensure employees are complying with completion of courses on time.
    b. The employee training tracking tool will be reviewed for accuracy monthly.
4. The date by which the regulatory insufficiency will be corrected
    a. The regulatory insufficiency will be corrected by January 31, 2022.

RI: Employee annual dementia training was not present

1. Elements detailing how the Program will correct each regulatory insufficiency
    a. All current employees reaching their year will have the required 8 hours of dementia training completed by January 31, 2022.
    b. All current employees will complete their in person Dementia training by February 29, 2022.
2. Measures taken to ensure the problem does not recur
    a. Training is being recorded and tracked by employee set to ensure the employee has 60-days before the due date to complete the required training.
3. How the Program plans to monitor performance to ensure compliance
    a. Training will be reviewed weekly to ensure employees are complying with completion of courses on time.
    b. The employee training tracking tool will be reviewed for accuracy monthly.
4. The date by which the regulatory insufficiency will be corrected
    a. The regulatory insufficiency will be corrected by January 31, 2022.

Sincerely,

Melinda Haley
Executive Director
Summit Pointe Senior Living
mhaley@summitpointeseniorliving.com
P: 319-9373-4242

ok 2/9/22