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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
	S0257	A. BUILDING: _____ B. WING _____	C 04/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF WAUKEE AL	1654 SE HOLIDAY CREST CIRCLE WAUKEE, IA 50263

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A 000	Initial Comments Assisted Living Programs 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 impairment: 38 Number of tenants with cognitive impairment: 1 Total census: 39 No regulatory insufficiencies were cited during the investigation of Incident #107175-C. The following regulatory insufficiencies were cited during the investigation of Incident #108801-C.	A 000	See Attached POC 6/1/23	
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 by: Based on interview and record review the Program's delegating nurse failed to consistently	A 340		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 340	Continued From page 1 ensure staff were trained to meet the individual needs of the tenants. This pertained to 2 of 2 closed tenants (Tenant C1 and Tenant C2). Finding follows: Record review on 4/11/23 revealed the Program hired Staff B on 7/21/21, Staff C on 11/1/19 and the Wellness Coordinator (delegating nurse) on 6/20/22. Further record review revealed Nurse aide checklists completed for Staff B and Staff C on 11/30/22. When interviewed on 4/11/23 at 3:30 p.m. the Wellness Coordinator confirmed the Program hired her on 6/20/22 and she completed delegations on 11/30/22 therefore the delegations were not completed within 60 days of beginning employment.	A 340		
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 1 of 3 staff reviewed completed two hours of required training for the identification and reporting of dependent adult abuse within six months of employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter as required by Chapter 235B.16 (Staff C). Finding follows:	A 380		

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A 380	Continued From page 2 Chapter 235B.16 requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse (DAA) within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter. Record review on 4/11/23 revealed Staff C's personnel records revealed Staff C completed DAA training on 3/11/16. When interviewed on 4/11/23 at 2:09 p.m. the Wellness Coordinator confirmed 3/11/16 was the last time Staff C completed DDA training.	A 380		
A 415	481-67.19(3)c Record Checks 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform evaluations of criminal history prior to employment. This pertained to 1 of 3 staff reviewed (Staff A). Finding follows: Record review on 4/11/23 revealed Staff A's personnel record documented a hire date of	A 415		

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A 415	Continued From page 3 1/3/23. Further review revealed Staff A's record check evaluation was completed on 1/4/23. When interviewed on 4/11/23 at 12:53 p.m. the Regional Wellness Director confirmed the Program failed to ensure the evaluation was completed prior to employment of Staff A.	A 415		
A 220	481-69.24(1)b Involuntary Transfer from Program 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply: b. The program shall immediately provide to the office of long-term care ombudsman, by certified mail, a copy of the notification and notify the tenant's treating physician, if any. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to immediately notify the office of long-term care ombudsman, by certified mail the intention to transfer tenants. This affected 1 of 2 former tenants (Tenant C1). Finding follows: Record review on 4/4/23 revealed the discharged tenant list provided by the Program. Behind Tenant C1's name the Program noted out of scope. When interviewed on 4/4/23 the Program's nurse	A 220		

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A 220	Continued From page 4 explained Tenant C1 exhibited suicidal ideation and had been hospitalized for threats to harm herself. Continued record review failed to reveal notification, via certified mail, to the long term care ombudsman of Tenant C1's discharge. When interviewed on 4/5/23 at 2:41 p.m. the Executive Director confirmed she did not send the notification to the long-term care ombudsman via certified mail.	A 220		
A 370	481-69.26(3)a Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure service plans were signed and dated by all participants. This pertained to 1 of 2 closed tenant files (Tenant C1). Finding follows: Record reviewed on 4/11/23 revealed Tenant #1's service plan dated 12/2/21. Further review failed to reveal signatures on the service plan. When interviewed on 4/11/23 at 3:30 p.m. the	A 370		

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A 370	Continued From page 5 Wellness Director said she could not locate Tenant C1's file therefore could not provide a signed copy of C1's signed service plan.	A 370		