STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP296 HFD	A. BUILDING _____ B. WING _____	09/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER ALP/D - BEACON SPRINGS	9225 CASCADE AVENUE WEST DES MOINES, IA 50266

(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. General Population Number of tenants without cognitive disorder: Number of tenants with cognitive disorder: Memory Care Unit Number of tenants without cognitive disorder: Number of tenants with cognitive disorder: TOTAL Census of Assisted Living Program for People with Dementia: A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. An onsite infection control survey and Complaint #97082-C were also completed. No regulatory insufficiencies were cited.	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 Program failed to consistently ensure staff received training/nurse delegation within 30 days of employment. This affected 2 of 5 staff reviewed	A 345		

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A 345	Continued From Page 1 who provided health-related care (Staff B and C) Finding follows: Record review on 9/14/22 revealed the Program hired Staff B on 3/16/22. Nurse delegations for Staff B were completed 4/28/22. Record review revealed the Program rehired Staff C on 10/14/22 but did not complete nurse delegation. During the exit on 9/15/22 at 11: 30 a.m. the Director acknowledged the Program did not complete the nurse delegations within the required 30 day time frame.	A 345		
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 that Program failed to ensure all staff received eight hours of dementia-specific education/training within 30 days of employment. This potentially affected 17 of 17 tenants (Tenants #1-#17). Finding follows: Record review on 9/14/22 revealed Staff A, B and C had not completed eight hours of dementia-specific training. The Program hired Staff A on 3/1/22, Staff B on	A 545		

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A 545	Continued From Page 2 3/16/22 and Staff B on 10/14/22. During the exit on 9/15/22 at 11:25 a.m. the Director confirmed the three staff reviewed had not completed the required eight hours of dementia specific training.	A 545		